

County: Sharkey  
 Permit #: GW 43523  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 9-4-09

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: JE2  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Moore Company</u>	Mailing Address: <u>Box 336</u> <u>Cary MS 39054</u>	Latitude: <u>32° 40' 22"</u> Longitude: <u>90° 56' 45"</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	Telephone No.: <u>662-873-4733</u>	SW 1/4 NW 1/4 Sec <u>32</u> Twn <u>10N</u> Rng <u>7W</u>	Distance: <u>4</u> Miles Direction: <u>S</u> of Nearest Town: <u>Onward</u>
Purpose of Well (circle one) Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> <input checked="" type="radio"/> Other <u>Replacement</u>		Well Data: <u>Old Well 13' SE</u>	
Date well drilling started: <u>9-4-09</u>		Date well drilling completed: <u>9-4-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		Static Water Level: <u>15'</u> feet above or below (circle one) land surface Date measured: <u>9-8-09</u>	
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____		Hole depth: <u>121</u> Well depth: <u>121</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input type="radio"/> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix		Casing length: <u>81</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>		Screen slot size: <u>.035</u> inches Setting depth: From <u>82</u> feet to <u>121</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development		Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page		Logs run (circle all applicable) <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron Other: _____	
Name of organization running log(s): _____		I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
Irrigation Equipment Inc. John P. Chism 0439		Signature of Water Well Contractor: <u>John P. Chism</u>	
Print Name of Water Well Contractor and License No.			

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	27
Fine Sand + Gravel	28	38
Medium Sand + Gravel	39	49
Fine Sand	50	66
Fine Sand + Gravel	67	88
Medium Sand	89	99
Medium Sand + Gravel	100	116
Medium Sand	117	121

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Moore Company

J. P. Q.  
Signature of Water Well Contractor

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Sharkey  
 Permit #: 6W 43523  
 Driller: Irrigation Equipment  
 Date completed: 9-4-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 582  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>MOORE COMPANY</u> Mailing Address: <u>Box 336</u>  <u>Cary MS 39054</u> <small>City State Zip Code</small> Telephone No.: <u>(662) 873-4733</u>	Latitude: <u>32-40-23</u> Longitude: <u>90-50-45</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 32 Twn 10N Rng 7W</u> Distance Direction Nearest Town <u>4 Miles S of Onward</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston <u>Turbine</u> Centrifugal                  Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>9-8-09</u> Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Diesel Engine                  Gasoline Engine                  Natural Gas <u>Electric Motor</u> Hand                                  Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line                  Electric Measuring Line                  Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism                  0439  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer

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