

# 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 #: H-175  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Sunflower  
 Permit #: GW42023  
 Driller: JAMES HAGGER  
 Date drilling completed: 6-5-07

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>Pecan Farm Inc.</u>	Latitude: <u>33° 38' 59"</u> Longitude: <u>90° 27' 43"</u>
Mailing Address: <u>c/o AMERICAN AG.</u> <u>525 FAIRVIEW</u> <u>GREENVILLE, MS. 38701</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 36 Twn 21N Rng 3W</u>
Telephone: <u>(662) 390-6114</u>	Distance: <u>4.5</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>DOOSVILLE</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement

Date well drilling started: 6-5-07 Date well drilling completed: 6-5-07 GW#10802

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 53' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 120 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 76 feet to 116 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole 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) No log run Electric Gamma Ray Density Sonic 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.

X HAGGER Well Service (542)  
 Print Name of Water Well Contractor and License No.

X James Hagger  
 Signature of Water Well Contractor

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 JUL 16 2007  
 BY: OLWR



# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-175

Elevation: \_\_\_\_\_

County: Sunflower  
 Permit #: 6W42023  
 Driller: JAMES HAGGAN  
 Date completed: 6-05-07

**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>PECAN FARM, INC.</u>	Latitude: <u>33-38-59</u> Longitude: <u>90-27-43</u>
Mailing Address: <u>10 AMERICAN AVE.</u> <u>525 FAIRVIEW</u> <u>GREENVILLE, MS 38701</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS 1/4 <u>NE</u> 1/4 Sec <u>36</u> Twn <u>21N</u> Rng <u>3W</u>
Telephone No: <u>662-390-2614</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4.5</u> Miles <u>EAST</u> of <u>DODDSDRILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6-15-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GLENN ROWS #710-P  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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