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# 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 #: P-140  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SUNFLOWER  
Permit #: 600-11224  
Driller: JOHN NEWLOME 0-773  
Date drilling completed: 5-2-06

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>H.E. &amp; S.F. CURTIS</u>	Latitude: <u>33° 25' 40"</u> Longitude: <u>90° 41' 22"</u>
Mailing Address: <u>7718 VALENTINE</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>NORTH LIME ROCK, AR 72217</u> City State Zip Code	USGS quad, <u>SW 1/4 SE 1/4 Sec 12 Twn 18N Rng 5W</u>
Telephone No. <u>501-945-2426</u>	Distance <u>1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>INDIANOLA</u>

**Well Data**

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

Date well drilling started: 5-2-06 Date well drilling completed: 5-2-06

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

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

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 80 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 50-70 feet to 100-120 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

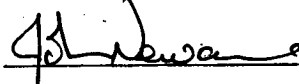
Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

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.

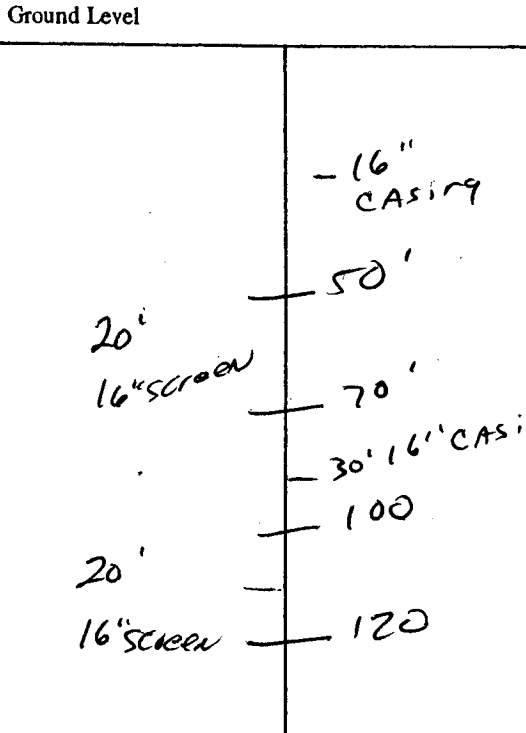
JOHN NEWLOME 0-773

Print Name of Water Well Contractor and License No.



Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
Fine Sand	40	50
COARSE SAND	50	70
Fine Sand	70	100
COARSE SAND - GRAVEL	100	125

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: H.E. & S.F. CURTIS PARTNERSHIP

John Newame  
Signature of Water Well Contractor

# 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 #: <u>P-140</u>
Elevation: _____	

County: <u>SUNFLOWER</u>
Permit #: <u>QW41226</u>
Driller: <u>JOAN NEWCOME 0773</u>
Date completed: <u>5-2-06</u>

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>HE &amp; SF CURTIS</u>	Latitude: <u>33-25-40</u> Longitude: <u>090-41-22</u>
Mailing Address: <u>7718 VALENTINE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>NORTH LITTLE ROCK, AR.</u>	USGS quad <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>12</u> Twn <u>18N</u> Rng <u>5W</u>
City State Zip Code: _____	Distance Direction Nearest Town
Telephone No. <u>501 945-2426</u>	<u>1/2</u> Miles <u>SW</u> of <u>INDIANOLA</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>60</u>
Date Pump Installed: <u>6-2-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST RUN</u>	Air Line              Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ 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.	
<u>GLEN ROWE #710-P</u>	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED  
 JUL 24 2006  
 BY: OLWR