

Ag world gravel Rd well  
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 #: Q-163  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SUNFLOWER  
Permit #: OLW 41224  
Driller: JOHN NEWLOME 0-773  
Date drilling completed: 5-04-06

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>33.25.34"</u> Longitude: <u>090.39.21"</u>
Mailing Address: <u>7718 VALENTINE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>NORTH LITTLE ROCK, AR 72217</u>	<u>USGS quad, (Hand-held GPS), Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 7 Twn 18N Rng 4W</u>
Telephone No: <u>(501) 945-3730</u>	Distance Direction Nearest Town
	<u>&gt; 1/2 Miles SW of INDIANOLA</u>

**Well Data**

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

Date well drilling started: 5-4-06 Date well drilling completed: 5-4-06

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: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PUC

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

Screen slot size: 0.50 inches Setting depth: From 70 feet to 110 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.

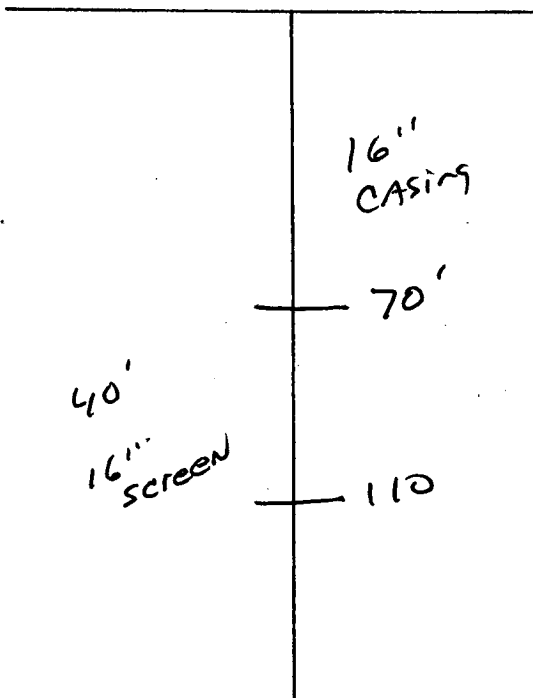
JOHN NEWLOME 0-773  
Print Name of Water Well Contractor and License No.

John Newlome  
Signature of Water Well Contractor

Q=

If well telescopes please sketch below and show depths.

Ground Level



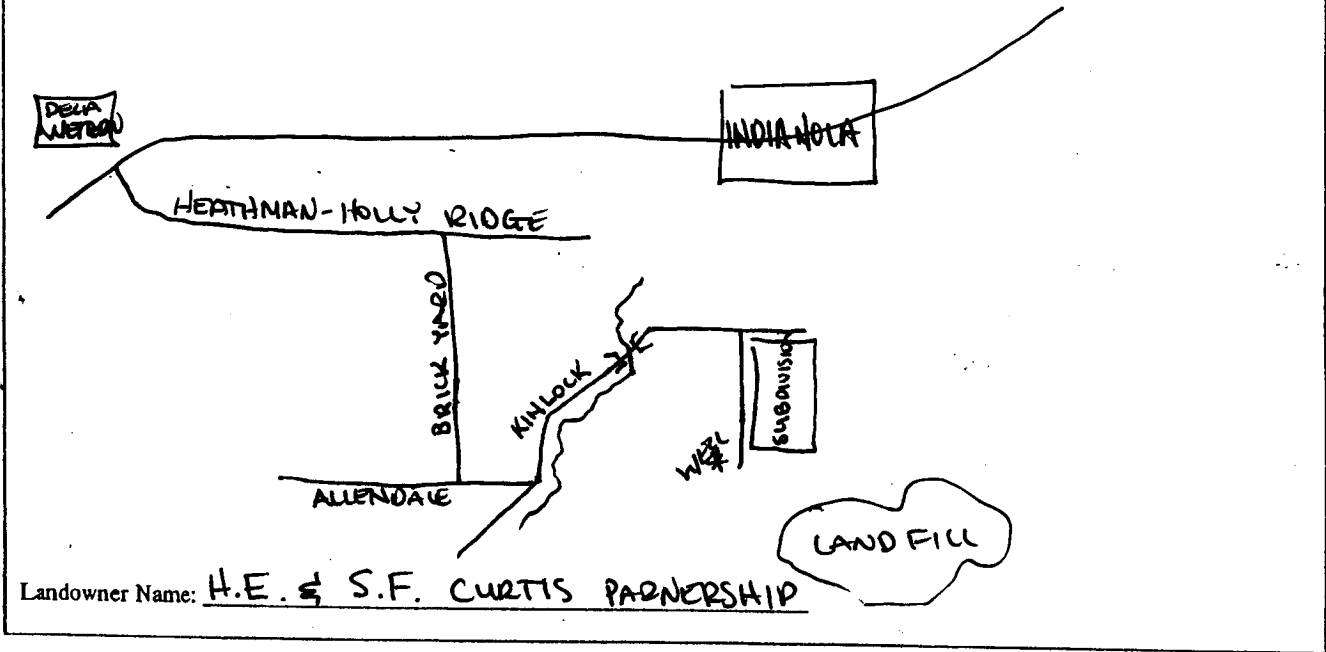
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	10
Mix Clay	10	40
Fine Sand	40	70
Coarse Sand	70	113

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 Newman  
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>Q.163</u>
Elevation: _____	

County: <u>SUNFLOWER</u>
Permit #: <u>GW 41224</u>
Driller: <u>JOHN NEWCOME 0-773</u>
Date completed: <u>5-04-06</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>33-25-34</u> Longitude: <u>090-39-24</u>
Mailing Address: <u>7718 VALENTINE</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>NORTH LITTLE ROCK AR.</u> City State Zip Code	NE 1/4 NW 1/4 Sec <u>7</u> Twn <u>18N</u> Rng <u>4W</u>
Telephone No. <u>501 945-3730</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>SW</u> of <u>INDIANOLA</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	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>5-26-06</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 <input checked="" type="radio"/> Steel Tape
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 #7107</u>	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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