

MOORE (S)

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 #:	<u>G41</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Tallahatchie</u>
Permit #:	<u>GW-45099</u>
Driller:	<u>J. NEWCOME 0.773</u>
Date drilling completed:	<u>5-11-2011</u>

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>Ernest Brasher</u>	Latitude:	<u>33.53.37"</u> Longitude: <u>90.04.23"</u>
Mailing Address:	<u>1225 Levee Lane</u>	Method of Lat/Long (circle one):	Conventional Survey,
	<u>Pascilla MS 38920</u>	USGS quad:	<u>Hand-held GPS</u> , Survey-grade GPS
City	State	Zip Code	
Telephone No. ()			
		NE 1/4 NE 1/4 Sec <u>03</u> Twn <u>23N</u> Rng <u>02E</u>	
		SW NE	
		Distance <u>9</u> Miles Direction <u>S</u> of Nearest Town <u>CHARLESTON</u>	

Well Data	
Purpose of Well (circle one)	Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____
Date well drilling started:	<u>5-11-2011</u> Date well drilling completed: <u>5-11-2011</u>
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:	<u>82</u> Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one):	Cement <u> Bentonite </u> Mix
Casing length:	<u>40</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>
Screen length:	<u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>
Screen slot size:	<u>.050</u> inches Setting depth: From <u>40</u> feet to <u>80</u> feet
Type of completion (circle all applicable):	<u>Gravel packed</u> 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):	<u>No log run</u> 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.

<u>JOHN NEWCOME</u> <u>0.773</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Pump installed by
(S)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: TALLAHASSEE
 Permit #: GW-45099
 Driller: CHICOT IRRIGATION
 Date completed: 5-11-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: Q41
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>MOORE FARMS</u>	Latitude: <u>33°53'39.42"</u> Longitude: <u>90°04'27.65"</u>
Mailing Address: <u>578 CR 20</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oakland, MS 38948</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(602) 623-7292</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>3</u> T <u>23N</u> R <u>2E</u>
	Distance Direction Nearest Town
	<u>6</u> Miles <u>ESE</u> of <u>Tippo</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-22-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ 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.

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (01/08)
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