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YMD JOINT MGMT DIST

PAGE 07

# State Well Report

## Part I

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 #: B-68  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: WARREN  
 Permit #: GW 41574  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 3-9-07

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>FLOWEREE PLANTING CO</u>	Latitude: <u>32° 31' 52"</u> Longitude: <u>90° 57' 09"</u>
Mailing Address: <u>3360 REDWOOD RD.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Redwood, MS - 39156</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>19</u> Twn <u>18N</u> Rng <u>4E</u>
Telephone No: <u>(601) 529-2746</u>	Distance Direction of <u>5</u> Miles <u>N</u> of <u>Redwood</u>

**FILED**  
 MAR 25 2007  
 YMD JOINT WATER MANAGEMENT DISTRICT

**Well Data**

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

Date well drilling started: 3-9-07 Date well drilling completed: 3-9-07

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: 143 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 14 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 650 inches Sealing depth: From 100 - 123 feet to 128 - 140 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 NEWCOME 0-773 J. Newcome  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

41574



### 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 #: B-68

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

County: WARREN  
 Permit #: 6W41574  
 Drilled: J. NEWCOME 0-773  
 Date completed: 3-9-07

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

<b>Well Owner Information</b> Owner Name: <u>FLOWEREE PLANTING CO.</u> Mailing Address: <u>3360 REDWOOD RD.</u> <u>REDWOOD, MS. 39156</u> City State Zip Code Telephone No: <u>601 529-2746</u>		<b>Well Location</b> Latitude: <u>32-31-52</u> Longitude: <u>090-51-09</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 19 Twn 18N Rng 4E</u> NE Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>REDWOOD</u>	
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<b>Pump Type</b> Circle one Air Lift Jet Submersible Bucket Piston <u>Turbide</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-10-07</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<b>Power Type</b> Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____
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<b>Pump Test Data</b> Date Well Tested: _____ Static Water Level (A): <u>NO TEST</u> 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	<b>Method of Measuring Water Level</b> Circle one 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
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWS #710-P [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer