

DORNBUSH

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>B-74</u>
L. S. Elevation:	_____
E-log #:	_____

Well #:	<u>WARREN 42333</u>
Driller:	<u>J. NEWCOME 0-773</u>
Date drilling completed:	<u>11-30-07</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>FLOWEE PLANTING CO.</u>	Latitude: <u>32° 31' 29.6"</u> Longitude: <u>90° 49' 21.5"</u>
Mailing Address: <u>3360 REDWOOD RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>REDWOOD, MS. 39156</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 21 Twn 8N Rng 4E</u>
Telephone No: <u>(601)-862-9431</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>N</u> of <u>VICKSBURG</u>

Well Data

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

Date well drilling started: 11-30-07 Date well drilling completed: 11-30-07

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 38 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70-78 feet to 93-123 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.

RECEIVED

JOHN NEWCOME 0-773 FEB 01 2008 [Signature]
Print Name of Water Well Contractor and License No. YMD JOINT WATER Signature of Water Well Contractor

MANAGEMENT DISTRICT

42333

DORNBUSH

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B-74
L. S. Elevation: _____
E-log #: _____

County: WARREN
Permit #: 00042333
Driller: J. NEWCOME 0-773
Date drilling completed: 11-30-07

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>FLOWEE PLANTING Co.</u>	Latitude: <u>32° 31' 29.6"</u> Longitude: <u>90° 49' 21.3"</u>
Mailing Address: <u>3360 REDWOOD RD.</u>	Method of Lat/Long (circle one): <u>29</u> Conventional Survey, <u>21</u>
<u>REDWOOD, MS. 39156</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 21 Twn 8N Rng 4E</u>
Telephone No: <u>601-862-9431</u>	Distance Direction Nearest Town <u>10</u> Miles <u>N</u> of <u>VICKSBURG</u>

Well Data

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

Date well drilling started: 11-30-07 Date well drilling completed: 11-30-07

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 38 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70-78 feet to 93-123 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 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JAN 10 2008
BY OLNR

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)

County: WARREN
 Permit #: 60042333
 Driller: J. NEWCOME 0773
 Date completed: 11-30-07

For Office Use Only:

Aquifer: _____
 Well #: B-74
 Elevation: _____

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>FLOWREE PLANTING CO.</u>	Latitude: <u>32-31-29.6</u> Longitude: <u>090-49-21.3</u>
Mailing Address: <u>3360 REDWOOD RD.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>REDWOOD, MS. 39156</u>	USGS quad: _____
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>21</u> Twn <u>8N</u> Rng <u>4E</u>
Telephone No.: <u>(601)-862-9431</u>	Distance Direction Nearest Town <u>10</u> Miles <u>N</u> of <u>VIKESBURGH</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12-20-06</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-STAGE 144</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): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NOT TESTED</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.

GLEN ROWE #7107 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 10 2008
 BY: OLWR