## poin Bush #2

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)

15-16		
For Office Use Only:		
Aquifer:		
Well #: 13 - 7.6		
L. S. Elevation:		
E-log #:		

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 & Lowres Planting C.	Latitude: 32.31.37" Longitude: 60.50.05"			
Mailing Address: 33/00 Floures RD.	Method of Lat/Long (circle one): Conventional Survey,			
-	USGS quad, Hand-held GPS Survey-grade GPS			
City State Zip Code	SW 14 MW 14 Sec 20 Twn BN Rng 4E			
Telephone No. 201 - Le 38 - 0934	NE Distance Direction Nearest Town 10 Miles N of VICKSBURG			
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 3-17-88  Date well drilling completed: 3-17-08				
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: 133 Well depth: 130 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: $\frac{G\hat{c}}{}$ feet Casing diameter: $\frac{1}{4}$ inches Type of casing:				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PUC				
Screen slot size: .050 inches Setting depth: From 90 feet to 130 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	John Maria			
Print Name of Water Well Contractor and License No.  Signature of Water Well Contractor and License No.				

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State V	Vell Report		
<b>A (1</b> )	Part 1	For Office Use Only:	
County: Mississippi Departm	ent of Environmental Quality	Aquifer:	
Permit #: 60/005   Mississippi Departm Office of Land	and Water Resources	Well #: B - 76	
	Box 10631		
lackson	MS 39289-0631	L. S. Elevation:	
	1)961-5210 354-6938 (fax)	E-log #:	
(001).	134-0936 (tax)	<i>L</i> -10g **.	
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	We	ll Location	
Owner Name FLOWREE PLANTING CO	Latitude: 32 31 · 31	" Longitude: 90 . 50 . 05	
Mailing Address: 33(00 FLOURES RD	Method of Lat/Long (circle o	one): Conventional Survey,	
	USGS quad, Hand-hel	d GPS Survey-grade GPS	
DES SON MAI 3016		Twn BN Rng 4E	
City State Zip Code	- 34 % 17W % Sec A	J Iwn Cit Rng 1—	
· · · · · · · · · · · · · · · · · · ·	Distance Direction  10 Miles	Nearest Town	
Telephone No. 201 - 638 - 0934	10 Miles N	of AlckeBring	
137/	ll Data		
<b>'''</b>	III Data		
Purpose of Well (circle one) Home Industrial Public Suppl	y (Irrigation) Fish Culture	Other:	
Date well drilling started: 3-17-88	ate well drilling completed: 3	-17-08	
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 tane electric t	ane air line other:		
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 133 Well depth: 138	Well grouted to a depth of	feet feet	
Type of grout (circle one): Cement Bentonite M	lix .		
Casing length: Go feet Casing diameter: 16 inches Type of casing: PUC			
Screen length: 40 feet Screen diameter: 16 inches Type of screen:			
· · · · · · · · · · · · · · · · · · ·			
Screen slot size: .050 inches Setting depth: Fro		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.			
Tout alswers 0 7772			

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

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Gron	ha	Level

Description of Formations Encountered	From	To
70P Soil	10	10
MIXCIAY	10	40
Fine Sand	ЦС	50
COAISC Sque	90	130
6-a, C147	130	13
	#	
		ļ

If more than one screen, show location of each on sketch

Sketch the property levels and in 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Sketch the property layout and include the following: 1) the well I aid in locating the well: 3) any roads, power lines, or	ocation; 2) any permanent structures on the property that may the other items that may aid in locating the property and the well;
4) indicate direction.	10 ROWN'S FORK
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	Wer C
	FLOWERE CO
	0.
Mr. ascD	TO VICKSBURG
Landowner Name: Louree Raning	10 YICE 70 YICE 700 Y

Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2 For Office Use Only: DARRE Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601)961-5210 Elevation: (601)354-6938 (fax) 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 Location Well Owner Information Latitud 2-31-38 Longitude: 40-50-05 Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS SW 1/4 NW 1/4 Sec 20 Twn 8N Distance Direction Nearest Town Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): \_ Horse Power Rating of Motor: Date Pump Installed: 3-21-08 Setting Depth: Rated Pump Capacity: 5000 Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: \_ Air Line Electric Measuring Line Static Water I Steel Tape Feet Below Land Surface Other (specify): Pumping Water Level (B) Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: \_\_ Gallons Per Minute

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installe

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours

Well yielded \_\_\_

GPM with a drawdown of

\_feet after \_\_\_\_\_hours of pumping