

maxwell

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 #: B-89
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW42013
Driller: J. NEWCOME
Date drilling completed: 6-5-07

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>MAXWELL FARMS</u>	Latitude: <u>33° 20' 32" N</u> Longitude: <u>90° 56' 55" W</u>
Mailing Address: <u>907 Hwy 448</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Benoit MS 38725</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	SW 1/4 SW 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>7W</u>
Telephone No: <u>662 421-8793</u>	Distance <u>5</u> Miles Direction <u>NE</u> of Nearest Town <u>GREENVILLE</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-5-07</u> Date well drilling completed: <u>6-5-07</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>106</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>100</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 0-773</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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BY: OLWR

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A hand-drawn diagram illustrating a well casing and screen assembly. A vertical line represents the well casing. To the left of the casing, the word "CASING" is written. Below it, the number "60'" is written next to a horizontal line segment. Further down, the number "40'" is written next to a horizontal line segment, with the word "screen" written below it. At the bottom, the number "100" is written next to a horizontal line segment, with the number "100" written below it.

[illegible]

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.

The sketch map shows the property layout for Maxwell Farms. A north arrow points towards the top left, labeled 'TO BENNETT' and '1 AM'. The property is bounded by 'BROADWAY EXT.' to the west and 'METCALFE RD' to the south. 'GREENVILLE' is marked at the bottom left corner. 'AIRFIELD RD.' runs north-south through the center of the property. To the east of the airfield road is the 'GREENVILLE AIRPORT'. 'PETE'S RD' runs north-south to the east of the property. 'FEATHER FARMS RD.' runs east-west along the southern boundary. A 'WELL' is located on Feather Farms Rd, marked with a circle containing a cross. An 'OLD SIGN' is also indicated near the well. The landowner's name, 'MAXWELL FARMS', is written at the bottom.

Landowner Name: MAXWELL FARMS


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 #: B-89

Elevation:

County: WASHINGTON
Permit #: 6W42013
Driller: J. NEWCOME
Date completed: 6/5/07

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

Well Owner Information

Owner Name: MAXWELL Farms
Mailing Address: 907 Hwy 448
BOENIT, MS. 38725
City State Zip Code
Telephone No.: 662, 421-8793

Well Location

Latitude: 33-28-32 Longitude: 090-56-55
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
SW SW 1/4 Sec 2D Twn 19N Rng 7W
Distance Direction Nearest Town
5 Miles NG of GREENVILLE

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 6/10/07
Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor: 60
Setting Depth: 600 feet
Number of Stages: 1-Stage 14W

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): NO TEST 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

Method of Measuring Water Level 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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE #710-P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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