

T&amp;R

## State Well Report

## Part 1

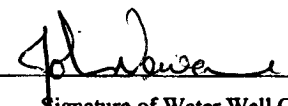
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: WASHINGTON  
Permit #: 0-773 6040811  
Driller: JOHN NEWCOME  
Date drilling completed: 12-21-05

## For Office Use Only:

Aquifer: E228  
Well #: D-227  
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.

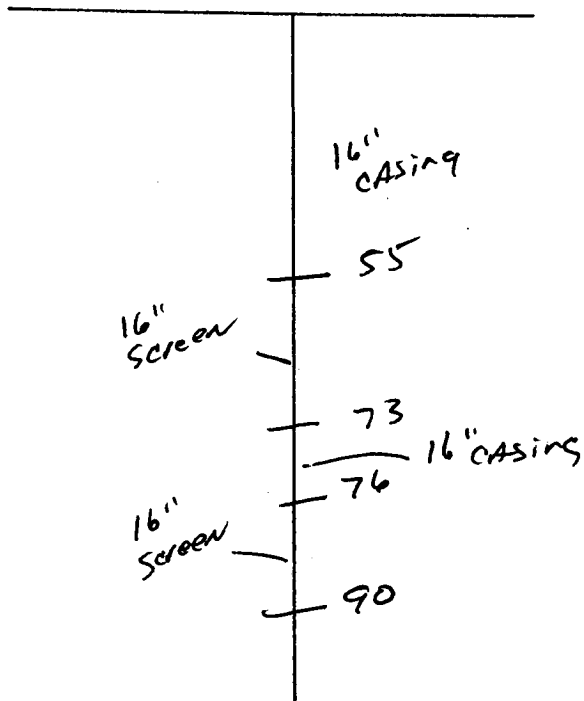
Well Owner Information	Well Location
Owner Name: <u>RON T&amp;R FARMS</u>	Latitude: <u>32° 23' 43"</u> Longitude: <u>090° 57' 24"</u> <span style="color: red;">33 58.98 14.52</span>
Mailing Address: <u>410 RONNIE RICHARDS</u> <u>1925 HWY 450</u> <u>GREENVILLE, MS 38703</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>NW USGS quad</u> , <u>Hand-held GPS</u> Survey-grade GPS <u>S 1/4 NE 1/4 Sec 3600 Twn 18N Rng 04W</u> <span style="color: red;">7W</span>
Telephone No. <u>662-820-7190</u>	Distance <u>3</u> Miles Direction <u>East</u> of Nearest Town <u>Greenville</u>
<b>Well Data</b>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>replaces GW-06149</u>	
Date well drilling started: <u>12-21-05</u> Date well drilling completed: <u>12-21-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>23</u> feet above or below (circle one) land surface Date measured: <u>12-22-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>93</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>58</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>32</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>55-73</u> feet to <u>76-90</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): 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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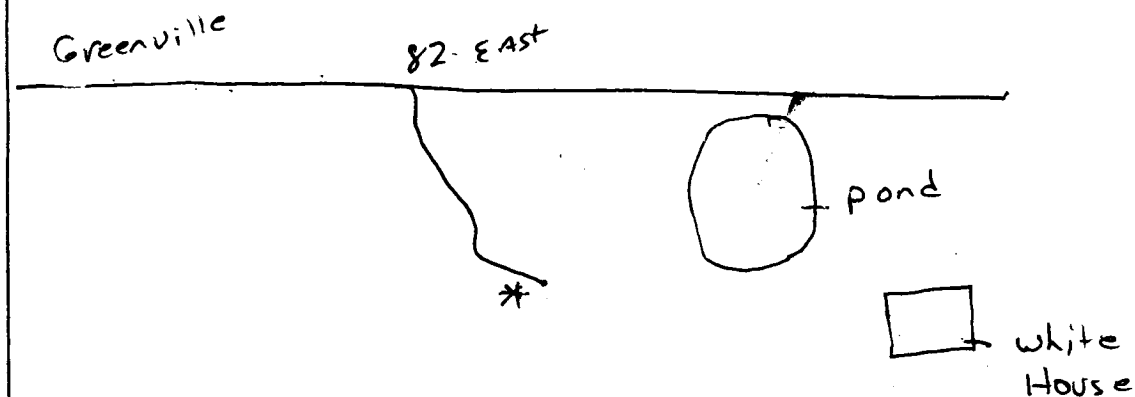
JAN 27 2006

BY: OLWR

**Ground Level**

[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.



Landowner Name: T E R 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: **E228**

Well #: ~~D-227~~

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

County: WASHINGTON  
Permit #: GW 40811  
Driller: JOHN NEWCOMB  
Date completed: 12-21-05

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>T &amp; R Farms</u>	Latitude: <del>32-23-98</del> Longitude: <del>090-57-24</del>
Mailing Address: <u>c/o RONNIE RICHARDS</u>	<b>33 58.98 14.52</b>
<u>1925 HWY 450</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>GREENVILLE, MS 38703</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<del>SW</del> <del>NE</del> <del>SE</del> <del>NW</del> Sec <del>26</del> Twn <u>18N</u> Rng <del>8W</del>
Telephone No. <u>662-520-7190</u>	<b>NW NW 20</b> Distance Direction Nearest Town
	<u>3</u> Miles <u>EAST</u> of <u>GREENVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12-22-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>RUN</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 710-P  
Print Name of Pump Installer and License No. (if applicable)

Glen Rowe  
Signature of Pump Installer

RECEIVED

JAN 27 2006

BY: OLWR