

# 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 #: J94  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME 0-773  
Date drilling completed: 6-15-09

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>Simmons Planting Co</u>	Latitude: <u>33° 36' 12"</u> Longitude: <u>90° 36' 37"</u>
Mailing Address: <u>41 Leo Williams Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale MS 38748</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 35 Twn 17 N Rng 6 W</u>
Telephone No. <u>(662) 839-2948</u>	Distance Direction Nearest Town
	<u>4.5 Miles EAST of ARCOLA</u>

### Well Data

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

Date well drilling started: 6-15-09 Date well drilling completed: 6-15-09

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: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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.

John Newcome  
Signature of Water Well Contractor

RECEIVED

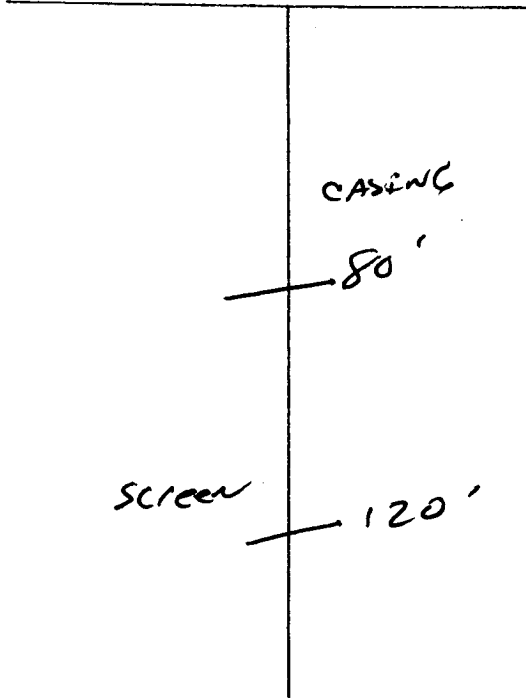
JUL 30 2009

BY: OLWR

J94

If well telescopes please sketch below and show depths.

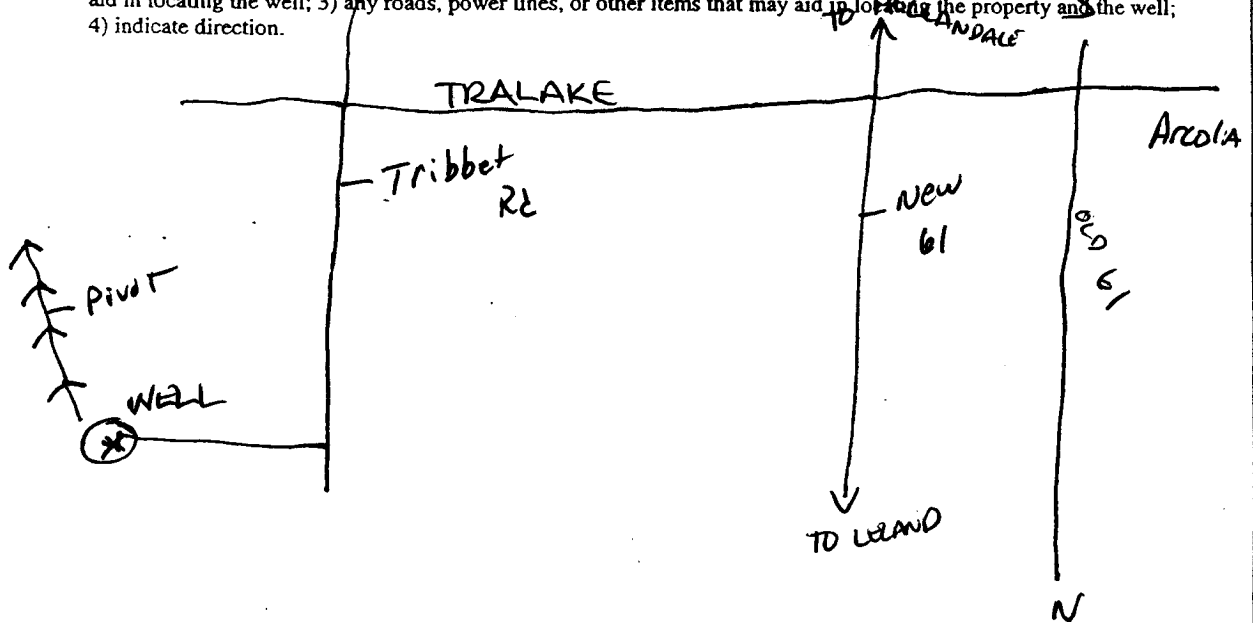
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
Mix CLAY	10	38
Fine Sand	38	50
COARSE Sand	50	70
Fine Sand	70	80
COARSE Sand	80	120
Gray CLAY	120	123

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

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: \_\_\_\_\_

John Nawa  
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 #: J94  
Elevation: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Driller: J. Newcome  
Date completed: 6/15/09

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>Simmons Planting Co</u>	Latitude: <u>33° 36' 18"</u> Longitude: <u>90° 36' 37"</u> <span style="margin-left: 100px;"><u>17 00</u></span> <span style="margin-left: 100px;"><u>47 14</u></span>
Mailing Address: <u>64 Leo Williams Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Hollandale MS 38748</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 35 Twn MN Rng 6W</u>
Telephone No. <u>(662) 839-2948</u>	Distance Direction Nearest Town <u>4.5 Miles East of Arcola</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>125</u>
Date Pump Installed: <u>6/15/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>4</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): _____
<u>NOT TESTED</u> Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
<u>TESTED</u> Drawdown (B) - (A): _____ 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.

Comp Rowe O-711P  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

\* existing pump

**RECEIVED**

JUL 30 2009

BY: OLWR