

# 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 #: K-124  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: WASHINGTON 151  
 Permit #: \_\_\_\_\_  
 Driller: Chicot Irrigation, Inc.  
 Date drilling completed: 3-29-05

Chicot Irrigation, Inc

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.

33° 13' 18" 90° 58' 30"

Well Owner Information	Well Location
Owner Name: <u>MUSCADINE FARM</u>	Latitude: <u>33° 13' 30.8" N</u> Longitude: <u>90° 58' 49.5" W</u>
Mailing Address: <u>10 CORP OF ENGINEERS</u> <u>100 MOORE ST.</u> <u>GREENWOOD, MS 38930</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <sup>8</sup>
City: _____ State: _____ Zip Code: _____	<u>SW NE</u> 1/4 Sec <u>20</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>(601) 631-5283</u>	Distance: <u>3.2</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>WAYSIDE MS</u> <u>NORTH OF AVON-DARLOVE RD.</u>

### Well Data

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

Date well drilling started: 3-29-05 Date well drilling completed: 3-29-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 3-29-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 87 Well depth: 86 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 16 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .051 inches Setting depth: From 50 feet to 56 feet 73-78  
AND 81 TO 86

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.

JAMES McDONALD #332

James McDonald

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Well # 17

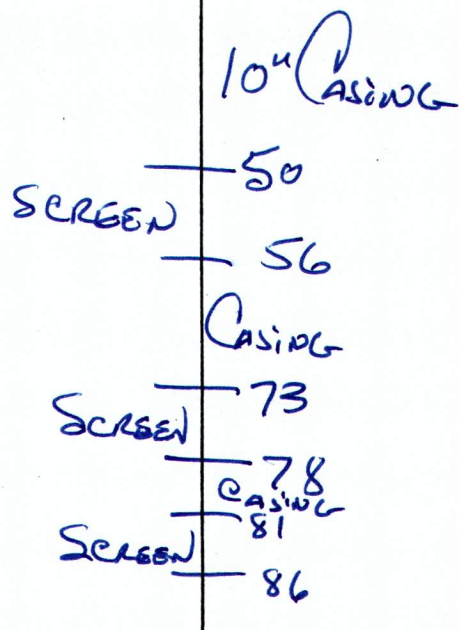
Replacement for GW12139?

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If well telescopes please sketch below and show depths.

K124

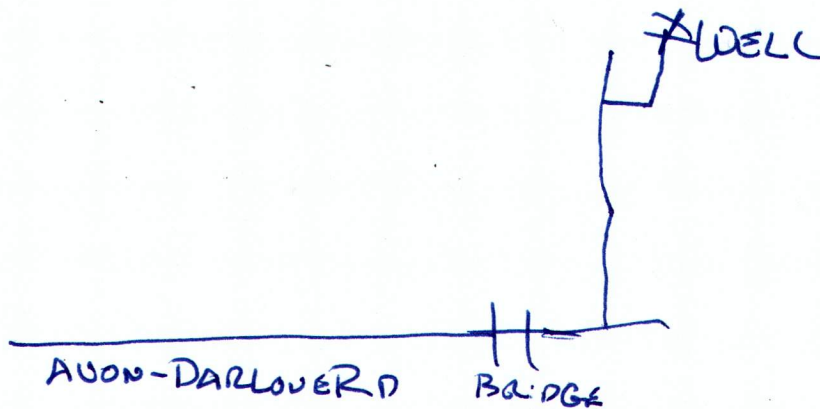
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
Mix Clay	10	40
COARSE SAND	50-56	
FINE SAND	56-73	
COARSE SAND	73-78	
FINE SAND	78-81	
COARSE SAND	81-86	
GRAY CLAY	86-87	

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:

MUSCADINE Farm - Corp OF ENGINEERS

James McDonald  
Signature of Water Well Contractor

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# 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 #: <u>K-124</u>
Elevation: _____	

County: <u>WASHINGTON</u>
Permit #: _____
Driller: <u>Chicot Irrigation, Inc</u>
Date completed: <u>3-29-05</u>

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>MUSCARINE FARM</u>	Latitude: <u>33-13-308N</u> Longitude: <u>090-58-495W</u>
Mailing Address: <u>C/O CORP OF ENGINEERS</u> <u>100 MOORE ST.</u> <u>GREENWOOD, MS 38930</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>8W</u>
City: _____ State: _____ Zip Code: _____	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>20</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>(601) 631-5283</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3.2</u> Miles <u>EAST</u> of <u>WAYSIDE MS</u> <u>NORTH OF ALON-DARLOVE RD.</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>3-29-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>900</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 RUN</u>	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)]: _____ 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.

<u>GLEN ROWE #710P</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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