

Back Buyer

# 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 #: L-181  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: EW42785  
Driller: J. NEWCOME  
Date drilling completed: 7-8-08

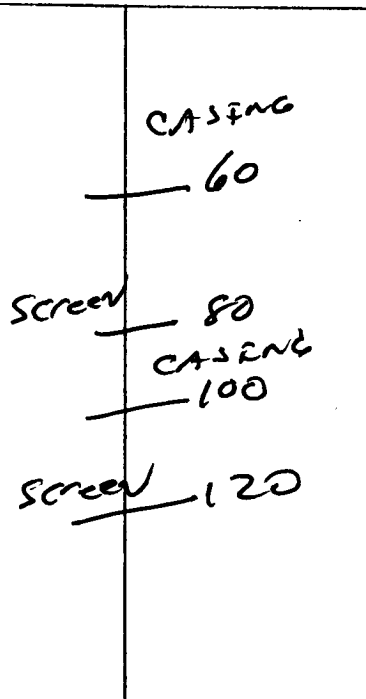
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>CC &amp; B FARMS</u>	Mailing Address: <u>C/O FERRIS BURKBERGER</u> <u>PO BOX 26</u> <u>HOLLANDALE, Ms. 38748</u> City State Zip Code	Latitude: <u>33.13.31</u> Longitude: <u>90.5204</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>(602)-820-7993</u>		USGS quad, <u>NW 1/4 NE 1/4</u> Sec <u>24</u> Twn <u>16N</u> Rng <u>7W</u>	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>HOLLANDALE</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>7-8-08</u> Date well drilling completed: _____			
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>123</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>050</u> inches Setting depth: From <u>60-80</u> feet to <u>100-120</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.			
JOHN NEWCOME 0-773		<u>John Newcome</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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If well telescopes please sketch below and show depths.

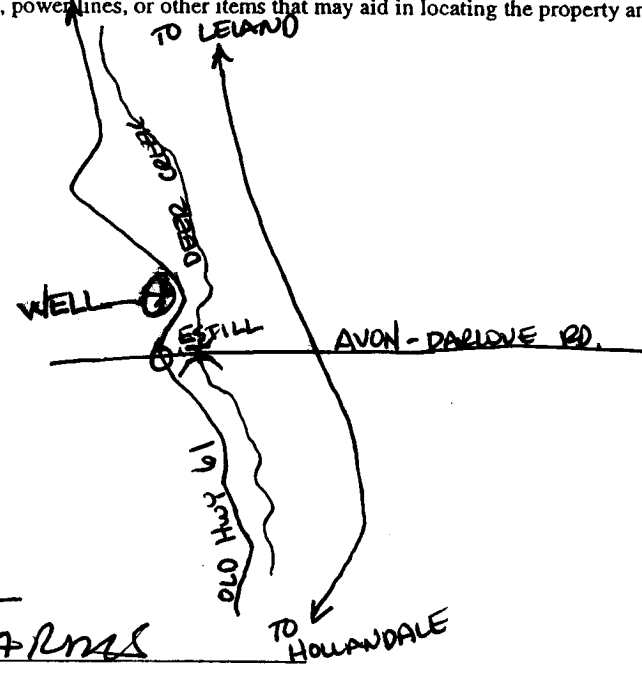
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	20
FINE SAND	20	60
COARSE SAND	60	80
FINE SAND	80	100
COARSE SAND	100	120

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: CC & B Farms

[Signature]  
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 #: L-181  
 Elevation: \_\_\_\_\_

County: WASHINGTON  
 Permit #: 06042785  
 Driller: J. NEWCOME 773  
 Date completed: 7-8-08

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>CC &amp; B FARMS</u>	Latitude: <u>33-13-31</u> Longitude: <u>90-52-04</u>
Mailing Address: <u>40 FERRIS BUCHBERGER</u> <u>PO Box 26</u> <u>HOLLANDALE, MS. 38748</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 NE 1/4 Sec <u>24</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>662-820-7993</u>	Distance: <u>3</u> Miles <u>N</u> of <u>HOLLANDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-9-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1-Stage 10"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>NOT TESTED</u> 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.

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

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