

John Deret

# 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 #: Q-114  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW 41994  
Driller: J. NEWCOME  
Date drilling completed: 6-19-07

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>FORREST CITY FARM</u>	Latitude: <u>33° 10' 51"</u> Longitude: <u>090° 53' 58"</u>
Mailing Address: <u>210 JAN DERET</u> <u>1169 AVON-DARLOVE RD.</u> <u>HOLLANDALE MS. 38748</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE ¼ NE ¼ Sec <u>3</u> Twn <u>15N</u> Rng <u>7W</u>
Telephone No: <u>602-379-3560</u>	Distance: <u>2</u> Miles Direction: <u>W</u> of Nearest Town: <u>HOLLANDALE</u>

**Well Data**

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

Date well drilling started: 6-19-07 Date well drilling completed: 6-19-07

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: 103 Well depth: 103 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 39 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 55-89 feet to 99-103 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.

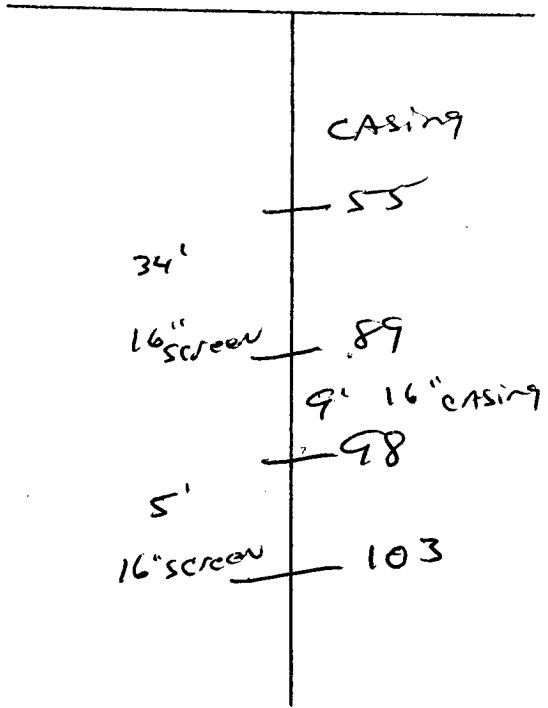
[Signature]  
Signature of Water Well Contractor

RECEIVED  
JUL 17 2007  
BY: OLWF

If well telescopes please sketch below and show depths.

Q-

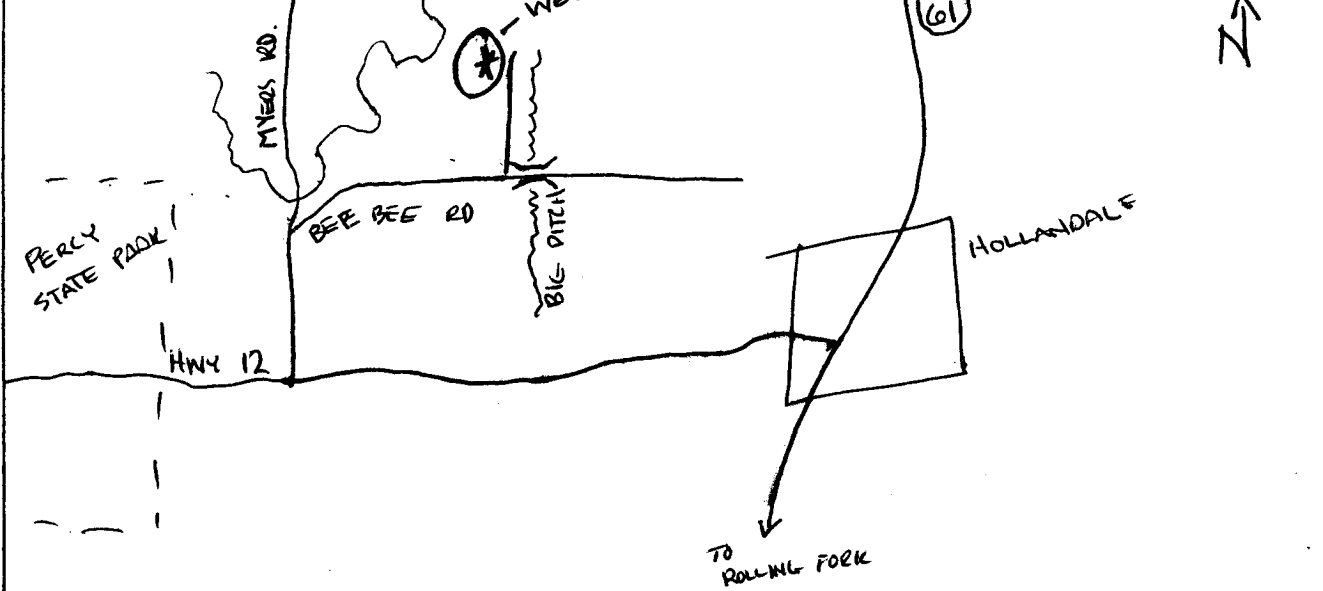
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
FINE SAND	40	55
MED. COARSE SAND	55	89
FINE SAND	89	98
COARSE SAND	98	103

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 Dawans  
Signature of Water Well Contractor

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 #: Q-114

Elevation:

County: WASHINGTON  
Permit #: 6W41994  
Driller: J. NEWCOME  
Date completed: 6/19/07

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: FORREST CITY FARM  
Mailing Address: c/o JAN DERECK  
1169 AVON-DARBOURG RD.  
HOLLANDALE, MS. 38748  
City State Zip Code

Telephone No: 662-379-3560

Well Location

Latitude: 33-10-51 Longitude: 090-53-58

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 NE 1/4 Sec 3 Twn 15N Rng 7W

Distance Direction Nearest Town  
2 Miles W of HOLLANDALE

Pump Type  
Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify):

Date Pump Installed: 6-20-07

Rated Pump Capacity: 1200 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: 30

Setting Depth: 70 feet

Number of Stages: 1

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)

Glen Rowe  
Signature of Pump Installer

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JUL 17 2007  
BY: OLWP