

# 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 #: B-150  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: 39880  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 12-20-04

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>Henry Shetler</u>          | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>520 Gelston Road</u>  | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>Clarksdale, MS 38614</u>               | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>1</u> Twn <u>25N</u> Rng <u>5W</u>                                  |
| Telephone No. (_____) <u>662-627-4680</u> | Distance <u>3</u> Miles <u>East</u> Direction of <u>Alligator</u> Nearest Town                               |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement WGL FOR USGM 39820

Date well drilling started: 12-20-04 Date well drilling completed: 12-20-04

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

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 12-21-04

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

Hole depth: 113' Well depth: 113' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: .032 inches Setting depth: From 74 feet to 113 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.

Irrigation Equipment Inc.  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor: Patrick M Chism

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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)

County: Bolivar  
 Permit #: 39880  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 12-21-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-150  
 Elevation: \_\_\_\_\_

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>Henry Shetler</u>         | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>520 Gelston Road</u> | Method of Lat/Long (circle one): Conventional Survey,                       |
| <u>Clarksdale, MS 38614</u>              | USGS quad, Hand-held GPS, Survey-grade GPS                                  |
| City State Zip Code                      | SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>1</u> Twn <u>25N</u> Rng <u>5W</u> |
| <u>662-627-4680</u>                      | Distance Direction Nearest Town   |
| Telephone No. ( ) _____                  | <u>3</u> Miles <u>East</u> of <u>Alligator</u>                              |

| Pump Type<br>Circle one                       | Power Type<br>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: _____               |
| Date Pump Installed: <u>12-21-04</u>          | Setting Depth: <u>70</u> feet                    |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>2</u>                       |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: _____                                   | Air Line Electric Measuring Line <u>Steel Tape</u>  |
| Static Water Level (A): <u>45</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           |
| Test Pumping Rate: _____ Gallons Per Minute               | _____ feet after _____ hours of pumping             |
| Duration of Pump Test (minimum 4 hours): _____ hours      |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695 Patrick M Chism  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR