

# 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 #: E-159  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW38121  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-9-06

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>Heinsz Farm Partnership</u>	Latitude: <u>33.5827.1</u> Longitude: <u>90.4231.9</u>
Mailing Address: <u>1471 Blue Cain Road</u>	Method of Lat/Long (circle one): <u>27</u> <u>32</u>
<u>Shelby MS 38774</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>3</u> ✓ Twn <u>24N</u> ✓ Rng <u>5W</u>
Telephone No. ( )	IR Distance Direction Nearest Town
	<u>5</u> Miles <u>NE</u> of <u>Shelby</u>

Well Data		Replacement
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u>		
Date well drilling started: <u>6-9-06</u>	Date well drilling completed: <u>6-9-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>41'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>6-10-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
Hole depth: <u>105</u> Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix		
Casing length: <u>65</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>		
Screen slot size: <u>.050</u> inches Setting depth: From <u>66</u> feet to <u>105</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.

Irrigation Equipment Inc.  
Patrick M. Chism 0695  
Print Name of Water Well Contractor and License No.

*Patrick M. Chism*  
Signature of Water Well Contractor

RECEIVED  
JUN 26 2006  
BY: OLWA



# 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 #: GW38121  
Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-9-06  
*Copy information from block on Part I*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-159  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Heinz Farm Partnership</u> Mailing Address: <u>1471 Blue Cain Road</u> <u>Shelby MS 38774</u> City State Zip Code Telephone No. ( ) <u>662-398-7400</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>3</u> T <u>24</u> N <u>5</u> W Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>6-10-06</u> Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ 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	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.

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

Patrick M. Chism  
 Signature of Pump Installer

**RECEIVED**  
 JUN 26 2006  
 BY: CLMWF  
 Form: OLW-1B