County:	Bolivar
Permit#: Irric Driller:	උග38121 gation Equipment
-	ing completed: 6-9-06

## **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:	
L. S. Elevation:	
E-log #:	

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.

30 days of completion of drilling of the well.		
Well Owner Information	Well Location	
Heinsz Farm Partnership OwnerName	Latitude: 33, 58, 27.1 Longitude: 90, 42, 31.9	
Mailing Address: 1471 Blue Cain Road	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Shelby MS 38774	NE 1/4 NW 1/4 Sec 3 / Twn 24N Rng 5W	
City State Zip Code  662-398-7400  Telephone No. ( )	Distance Direction Nearest Town  5 Miles NE of Shelby	
Well 1	Replacement	
Purpose of Well (circle one) Home Industrial Public Supply	(Irrigation Fish Culture Other)	
Date well drilling started: $6-9-06$ Date w	well drilling completed: 6-9-06	
If flowing, method of flow regulation: Valve Other (d	egraphe)	
Static Water Level: 41 feet above or below (circle one) l	and surface Date measured: 6-10-06	
Method of Measurement (circle one) steel table electric tape	air line other:	
Hole depth: 105 Well depth: 105	Well grouted to a depth offeet	
Type of grout (circle one): Cement Bentonile Mix		
Casing length: 65 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40	
Screen length: 40 feet Screen diameter: 16	_inches Type of screen:PVC_Sch.40	
Screen slot size: . 050inches Setting depth: From _	66feet_to105feet	
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a	ccordance with all applicable requirements of the Mississippi	
Department of Environmental Quality and/or the Mississippi Dep	l de la companya de	
Irrigation Equipment Inc.	$\Omega I / I \wedge A$	
Patrick M. Chism 0695	Patro Mchin	
Print Name of Water Well Contractor and License No.  Signature of Water Well Contractor.		

BY: OLWE

If well telescopes please sketch below and show depths.

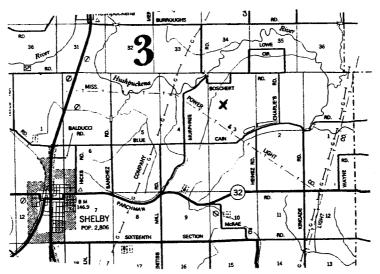
Ground Level

Old well 15' west.

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	41
Fine Sand/gravel Med. Sand/gravel	42	51
Med. Sand/gravel	52	102
Clay	1103	105
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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:

Signature of Water Well Contractor

## STATE WELL REPORT

## Bolivar County: mit: GW38121 Irrigation Equipment Permit#: Driller:

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 #:	159	
Elevation:		

Date completed:  $_{-}6-9-06$ Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Heinsz Farm Partnership Well Location Longitude:\_ Latitude: Owner Name: Mailing Address: 1471 Blue Cain Road Method of Lat/Long (check one): Conventional Survey\_\_\_\_, USGS quad , Hand-held GPS\_, Survey-grade GPS\_  $3 T 24N_R 5W$ Shelby MS 38774 1/4 Sec State Zip Code Nearest Town Distance Direction 662-398-7400 of Shelby Miles NE Telephone No. ( ) Pump Type Power Type Circle one Circle one Diesel Engine Gasoline Engine **Natural Gas** Air Lift Submersible Test. Tractor PTO Turbine Bucket Piston Electric Motor Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: \_\_ Other (specify): 6-10-06 70 feet Date Pump Installed: Setting Depth: 2500-3000 1 Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: \_\_\_ Steel Tape Electric Measuring Line Air Line 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: Drawdown [(B) - (A)]: \_\_\_\_\_Feet Below Land Surface Well yielded GPM with a drawdown of Gallons Per Minute Test Pumping Rate: \_\_\_\_ hours of pumping feet after 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 Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)