

# 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 #: T-191  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: OW 41731  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-3-07

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>Serry Short</u>               | Latitude: <u>33° 32' 18.5"</u> Longitude: <u>90° 50' 22.4"</u>                |
| Mailing Address: <u>216 Porter Bayou Rd.</u> | Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>22</u>     |
| <u>Shaw MS 38773</u>                         | USGS quad, Hand-held GPS, Survey-grade GPS                                    |
| City State Zip Code                          | <u>SW 1/4 NE 1/4 Sec 32 Twn 20N Rng 6W</u>                                    |
| Telephone No. <u>662-754-3315</u>            | Distance Direction Nearest Town<br><u>3</u> Miles <u>SW</u> of <u>Choctaw</u> |

**Well Data**

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

Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 4-4-07

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Sch. 40

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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 #: EW41731  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-3-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: T-191  
 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>Serry Short</u>              | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>216 Porter Bayou Rd</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Shawms 38773</u><br>City State Zip Code  | _____ ¼ _____ ¼ Sec _____ Twn _____ Rng   |
| Telephone No. ( <u>662-754-3315</u> )       | Distance _____ Direction _____ Nearest Town _____<br>_____ Miles _____ of _____                     |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                            |
|---|---|
| Air Lift      Jet <u>Submersible</u>                | Diesel Engine      Gasoline Engine      Natural Gas |
| Bucket      Piston      Turbine                     | <u>Electric Motor</u> Hand      Tractor PTO         |
| Centrifugal      Rotary      Flowing Well           | Windmill      Other (specify): _____                |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>15</u>              |
| Date Pump Installed: <u>4-4-07</u>                  | Setting Depth: <u>70</u> feet                       |
| Rated Pump Capacity: <u>750±</u> Gallons Per Minute | Number of Stages: <u>1</u>                          |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line      Electric Measuring Line      Steel Tape                             |
| 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: _____ 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.

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

*Patrick M Chism*  
 Signature of Pump Installer

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APR 24 2007

BY: OLWR