

# 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)

County: Coahoma  
 Permit #: GW40634  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 11-18-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-122  
 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.**

Well Owner Information	Well Location
Owner Name: <u>Jack Laney</u>	Latitude: <u>34° 16' 85" N</u> , Longitude: <u>90° 25' 26" W</u>
Mailing Address: <u>150 Laney Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <sup>24 31</sup> <sup>16</sup>
<u>Lyon MS 38645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub> Sec <u>5</u> Twn <u>29N</u> Rng <u>2W</u>
Telephone No. ( <u>662-624-6072</u> )	Distance: <u>5</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Lula</u>

**Well Data**

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

Date well drilling started: 11-18-05 Date well drilling completed: 11-18-05

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 11-21-05

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

Hole depth: 116' Well depth: \_\_\_\_\_ Well grouted to a depth of 116' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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

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DEC 05 2005

BY: OLWR

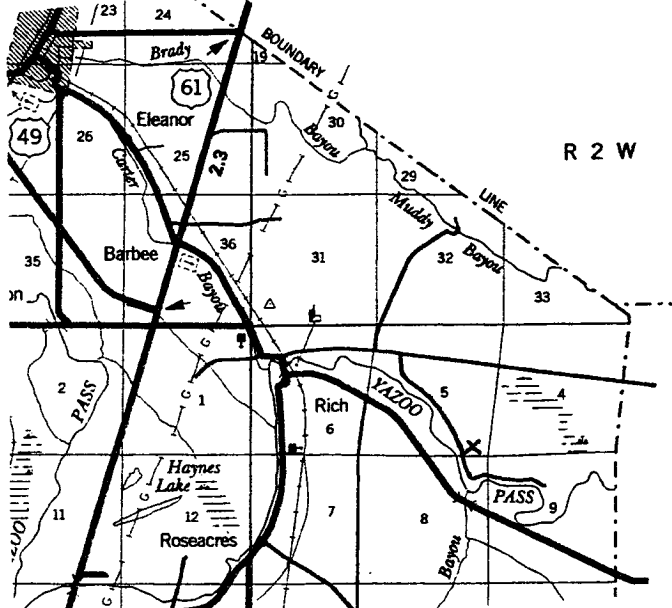
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	42
Fine Sand	43	55
Fine Sand/gravel	56	65
Med. Sand/gravel	66	76

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: \_\_\_\_\_

Patricia M. Chin  
 Signature of Water Well Contractor

# 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: Coahoma  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment Inc.  
 Driller: \_\_\_\_\_  
 Date completed: 11-21-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-122  
 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>Jack Laney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Laney Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Lyon MS 38645</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>5</u> Twn <u>29N</u> Rng <u>2W</u>
<u>662-624-6072</u>	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>SE</u> of <u>Lula</u>

Pump Type Circle one	Power Type 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: <u>30</u>
Date Pump Installed: <u>11-21-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level 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
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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