

# 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 # EW-40476  
Irrigation Equipment  
Driller:  
Date drilling completed: 6-21-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-89  
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>Levee View Planting Co.</u>	Latitude: <u>34.14.40</u> Longitude: <u>90.39.51</u>
Mailing Address: <u>Box 1836</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale, MS 38614</u>	NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>1</u> Twn <u>27N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Farrell</u>
Telephone No. ( ) _____	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other Replacement

Date well drilling started: 6-21-05 Date well drilling completed: 6-21-05

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

Static Water Level: 11' feet above or below (circle one) land surface Date measured: 6-21-05

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

Hole depth: 99 Well depth: 99 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 59 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: .050 inches Setting depth: From 60 feet to 99 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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

MISSISSIPPI  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF LAND AND WATER RESOURCES  
JACKSON, MISSISSIPPI

H-89

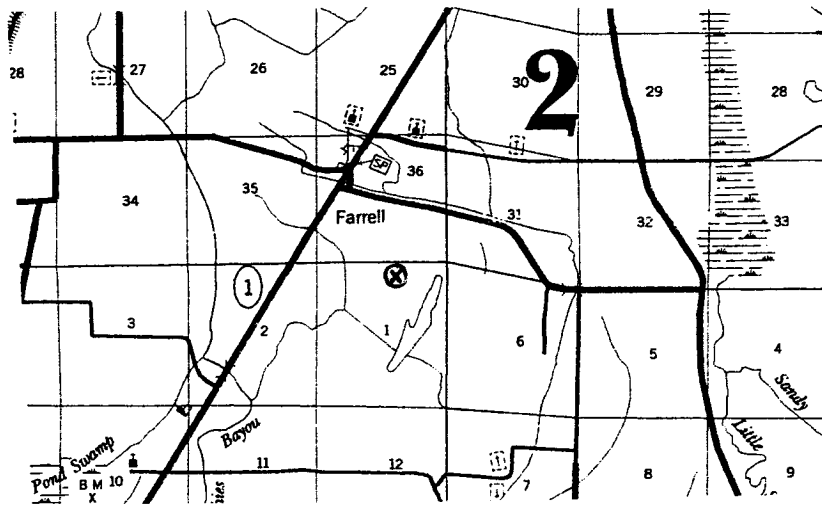
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	25
Fine Sand/gravel	26	41
Med. Sand/gravel	42	96
Clay	97	99

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: \_\_\_\_\_

Patrick M. Chiu  
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 #: 610-40476  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 6-21-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-89  
 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>Levee View Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 1836</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Clarksdale, MS 38614</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	_____ ¼ _____ ¼ Sec <u>1</u> Twn <u>27N</u> Rng <u>5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Farrell</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>80</u>
Date Pump Installed: <u>6-21-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ 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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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 #: H89  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: 6W 40476  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-21-05

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.

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Owner Name <u>Levee View Planting Co.</u>	Latitude: <u>34.14.40</u> Longitude: <u>90.39.51</u>
Mailing Address: <u>Box 1836</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale, MS 38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 1 Twn 27N Rng 5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1 Miles South of Farrell</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other Replacement 6W 7903

Date well drilling started: 6-21-05 Date well drilling completed: 6-21-05

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

Static Water Level: 11' feet above or below (circle one) land surface Date measured: 6-21-05 18 2005

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

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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

Patrick M Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED  
YMD JOINT WATER  
MANAGEMENT DISTRICT