

**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 #: K-88 31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

Coahoma  
# 6041132  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-5-06

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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Heaton Farms</u></p> <p>Mailing Address: <u>Box 158</u></p> <p><u>Lyon, MS 38645</u></p> <p>City State Zip Code</p> <p>Telephone No. ( ) _____</p>		<p><b>Well Location</b></p> <p>Latitude: <u>34 13 55.6"</u> Longitude: <u>90. 30. 21. r9</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 NE 1/4 Sec <u>9</u> Twn <u>27N</u> Rng <u>3W</u></p> <p>Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Lyon</u></p>
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**Well Data**

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

Date well drilling started: 6-5-06 Date well drilling completed: 6-5-06

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

Static Water Level: 14' feet above or below (circle one) land surface Date measured: 6-6-06

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 85 feet to 124 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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YMD JOINT WATER  
MANAGEMENT DISTRICT

41132

Replace Gw-38888

# 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 #: K-81  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: 61041132  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-5-06

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>Heaton Farms</u>	Latitude:	<u>34 13 55.6</u> , Longitude: <u>90. 30. 21.9</u>
Mailing Address:	<u>Box 158</u>	Method of Lat/Long (circle one):	<u>55</u> Conventional Survey, <u>22</u>
	<u>Lyon, MS 38645</u>	<u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	<u>SE 1/4 NE 1/4 Sec 9 Twn 27N Rng 3W</u>
Telephone No. ( )		Distance	Direction
		<u>2</u> Miles	<u>East</u> of <u>Lyon</u>
			Nearest Town

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>Replacement</u>	
Date well drilling started: <u>6-5-06</u>	Date well drilling completed: <u>6-5-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>14'</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>6-6-06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>124</u> Well depth: <u>124</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>84</u> feet Casing diameter: <u>12</u> inches	Type of casing: <u>PVC 160</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches	Type of screen: <u>PVC 160</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>85</u> feet to <u>124</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.

Signature of Water Well Contractor

*Patrick M. Chism*

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JUN 26 2006

BY: OLWFR



# 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 #: 6W41132  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-5-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-81  
 Elevation: \_\_\_\_\_

*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.*

Well Owner Information	Well Location
Owner Name: <u>Heaton Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 158</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lyon MS 38645</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 9 T 27N R 3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles East of Lyon</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>6-6-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</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 _____ 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 Patrick M. Chism  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-18

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 JUN 25 2006  
 BY: OLWR