

# 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 #: 6W40802  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 1-5-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-92  
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>Henry Shetler</u>	Latitude: <u>34.06 49.0N</u> Longitude: <u>90 35 57.7W</u>
Mailing Address: <u>520 Gelston Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale MS 38614</u>	<u>NE 1/4 SW 1/4 Sec 22 Twp 26N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
<u>662-624-4680</u>	<u>6 Miles South of Clarksdale</u>
Telephone No. ( )	

**Well Data**

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

Date well drilling started: 1-5-06 Date well drilling completed: 1-5-06

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

Static Water Level: 23' feet above of below (circle one) land surface Date measured: 1-5-06

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: 86 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 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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Owner contracted with Circle S Irrigation.  
Circle S Irrigation will set pump.

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JAN 10 2006

BY: OLWR



### 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 #: 6W 40802  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-92  
 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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Henry Shetler</u>          Mailing Address: <u>520 Galston Rd</u>  <u>Clarksdale MS 38614</u>  <small>City State Zip Code</small>          Telephone No. <u>(662) 624-4680</u></p>	<p><b>Well Location</b></p> <p>Latitude: <u>34 06 49 ON</u> Longitude: <u>90 35 57 W</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 SW 1/4 Sec 22 Twn 26N Rng 4W</u>          Distance Direction Nearest Town  <u>6 Miles S of Clarksdale</u></p>
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<p><b>Pump Type</b> Circle one</p> <p>Air Lift Jet Submersible          Bucket Piston <u>Turbine</u>          Centrifugal Rotary Flowing Well          Other (specify): _____          Date Pump Installed: <u>5-17-06</u>          Rated Pump Capacity: <u>2200</u> Gallons Per Minute</p>	<p><b>Power Type</b> Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas          Electric Motor Hand Tractor PTO          Windmill Other (specify): _____          Horse Power Rating of Motor: <u>80</u>          Setting Depth: <u>70</u> feet          Number of Stages: <u>2</u></p>
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<p><b>Pump Test Data</b></p> <p>Date Well Tested: _____          Static Water Level (A): <u>23</u> Feet Below Land Surface          Pumping Water Level (B): _____ Feet Below Land Surface          Drawdown [(B) - (A)]: _____ Feet Below Land Surface          Test Pumping Rate: _____ Gallons Per Minute          Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u>          Other (specify): _____          For flowing well, measured shut in head: _____ feet          Well yielded _____ GPM with a drawdown of          _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David P. Holt 0-752P  
 Print Name of Pump Installer and License No. (if applicable) [Signature]  
Signature of Pump Installer

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Job #4