

# 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 #: L-101  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Coahoma  
 Permit #: GW42686  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-2-08

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>Jimmy Smith</u>	Latitude: <u>34.04.42.6</u> Longitude: <u>90.39.11.0</u>
Mailing Address: <u>P.O. Box 902</u>	Method of Lat/Long (circle one): <u>42</u> Conventional Survey, <u>11</u>
<u>Coldwater Ms. 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 31 Twn 26N Rng 4W</u>
Telephone No. ( ) _____	NE Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Clarksdale</u>

Well Data Old well 60' west

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

Date well drilling started: 7-2-08 Date well drilling completed: 7-2-08

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

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 7-4-08

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76<sup>68</sup> feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 68 feet to 108 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 [Signature]

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 JUL 18 2008  
 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 #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date completed: 7-2-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-101  
 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.

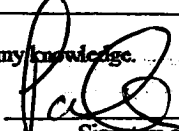
Well Owner Information	Well Location
Owner Name: <u>Jimmy Smith</u> Mailing Address: <u>P.O. Box 902</u>  <u>Coldwater Ms. 38618</u> <small>City State Zip Code</small>  Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SW ¼ Sec 31 Twn 26N Rng 4W</u> Distance Direction Nearest Town <u>7 Miles SW of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal    Rotary              Flowing Well Other (specify): _____ Date Pump Installed: <u>7-4-08</u> Rated Pump Capacity: <u>2200±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand                      Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

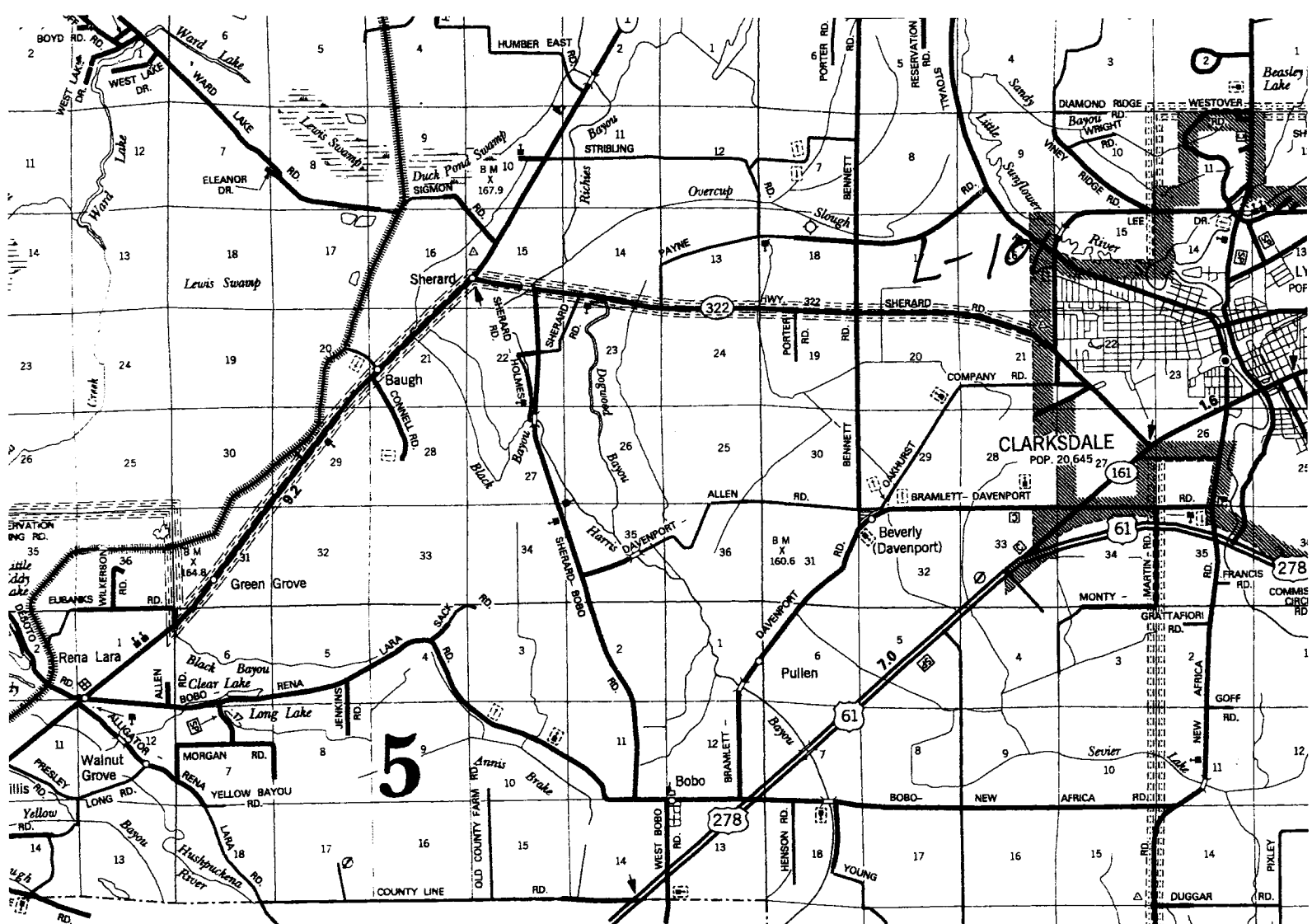
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)

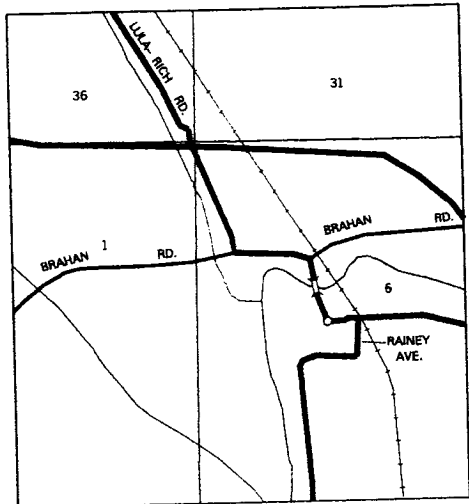
  
 Signature of Pump Installer

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 JUL 18 2008  
 BY: OLWR



BOLIVAR COUNTY

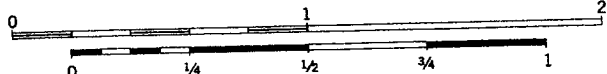
*Jimmy Smith Map*



Inset M

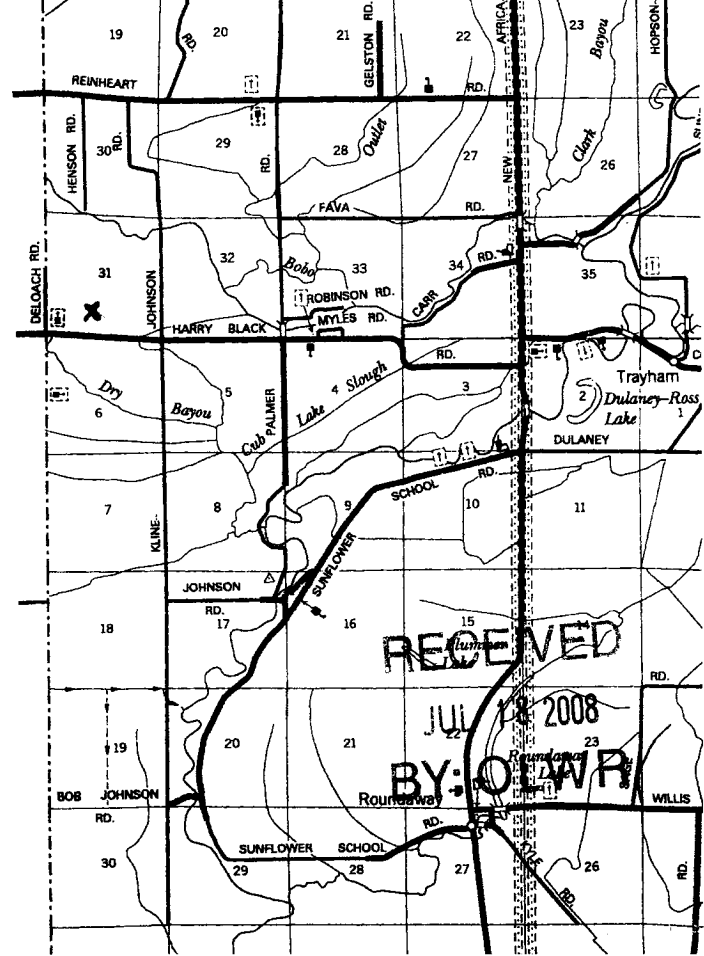
T 29 N R 2 W

SCALE IN KILOMETERS



SCALE FOR ENLARGEMENTS IN MILES

PLACENAME NAMES NOT SHOWN



T 25 N

COUNTY