

# 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: Holmes  
Permit #: GW43164  
Irrigation Equipment  
Driller:  
Date drilling completed: 4/16/09

For Office Use Only:  
Aquifer:  
Well #: B-51  
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>Killebrew Cotton Co.</u>	Latitude: <u>33.17.48"</u> Longitude: <u>90.11.23"</u>
Mailing Address: <u>P.O. Box 190</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tchula Ms. 39169</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 34 Twn 17N Rng 1E</u>
Telephone No. <u>662 235-5135</u>	Distance Direction Nearest Town
	<u>3 Miles SE of Cruger</u>

Well Data

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

Date well drilling started: 4/16/09 Date well drilling completed: 4/16/09

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 4/17/09

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65<sup>01</sup> 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 62<sup>01</sup> feet to 101 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Signature of Water Well Contractor [Signature]

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APR 29 2009  
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: Holmes  
 Permit #: \_\_\_\_\_  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 4/16/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-51  
 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.

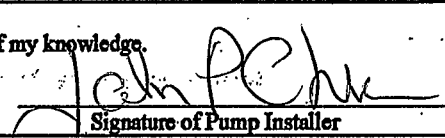
Well Owner Information	Well Location
Owner Name: <u>Killebrew Cotton Co.</u> Mailing Address: <u>P.O. Box 190</u> <u>Tchula Ms. 39169</u> <small>City State Zip Code</small> Telephone No. <u>(662) 235-5135</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey,</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS.</u> <u>SW 1/4 NW 1/4 Sec 34 Twn 17N Rng 1E</u> Distance Direction Nearest Town <u>3 Miles SE of Cruger</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>4/17/09</u>	
Rated Pump Capacity: <u>1600 ±</u> Gallons Per Minute	

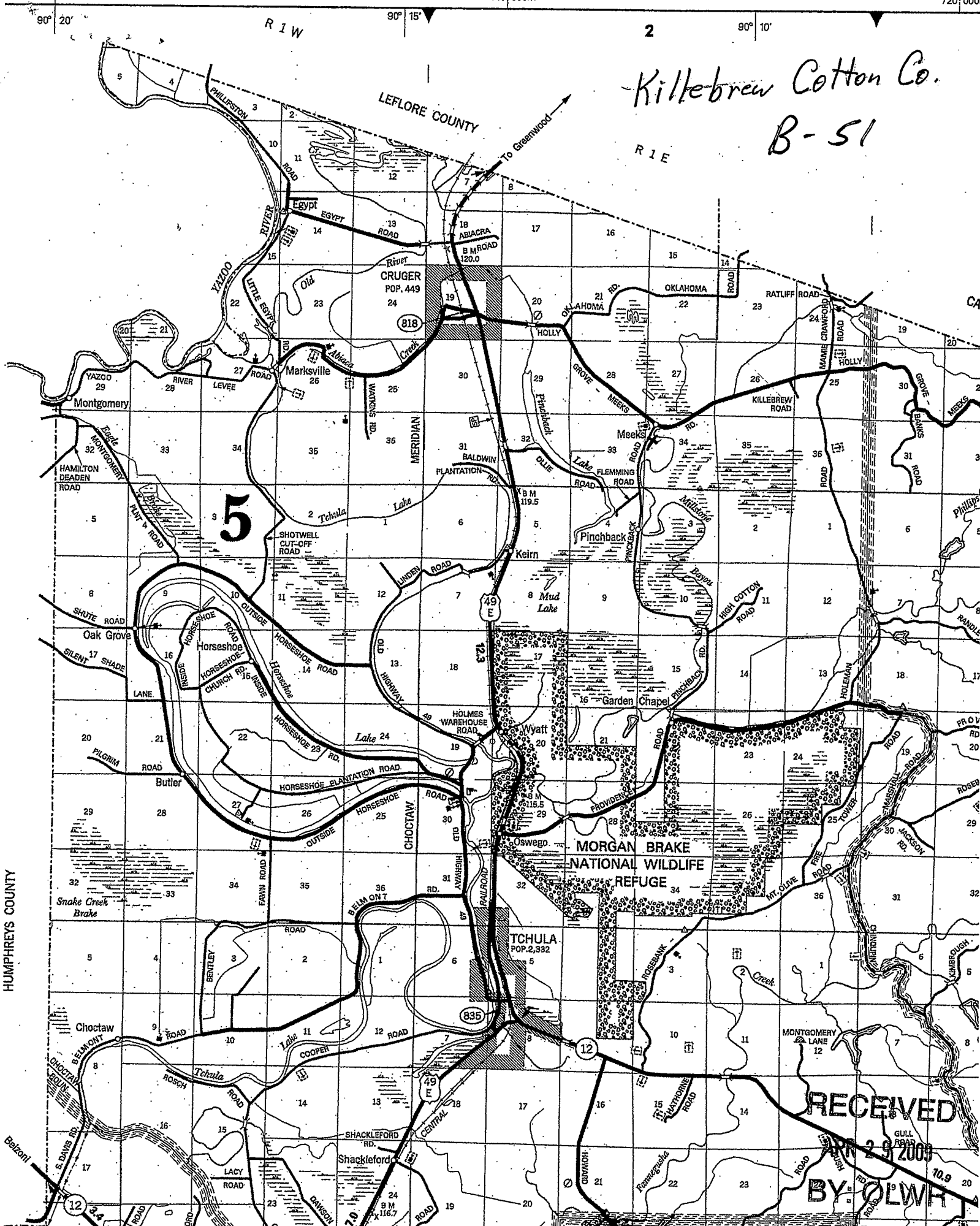
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> 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.

John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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 APR 29 2009  
 BY: OLWR



Killebrew Cotton Co.  
B-51

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