

County: Holmes  
 Permit #: GW16657  
 Driller: Irrigation Equipment  
 Date drilling completed: 8-25-09

# 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 #: H62  
 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>U.S. Fish + Wildlife Service</u>	Latitude: <u>33° 12' 57"</u>	Longitude: <u>90° 11' 18"</u>	
Mailing Address: <u>1562 Providence Road</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Cruzer</u> <u>Ms.</u> <u>38924</u>	<u>SE 1/4 SW 1/4</u> Sec <u>27</u> Twn <u>16N</u> Rng <u>1E</u>		
City State Zip Code	Distance: <u>3</u> Miles	Direction: <u>NE</u>	Nearest Town: <u>Tchula</u>
Telephone No. <u>(662) 235-4989</u>	Well Data: <u>Old Well 16" Steel 35' East</u>		
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input checked="" type="radio"/> Other <u>Replacement</u>	Date well drilling started: <u>8-25-09</u>	Date well drilling completed: <u>8-25-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: _____ feet above of <input checked="" type="radio"/> below (circle one) land surface Date measured: _____		
Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____	Hole depth: <u>121</u>	Well depth: <u>121</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	Casing length: <u>81</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches	Setting depth: From <u>82</u> feet to <u>121</u> feet		
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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: <u>John P. Chism</u>		

Note: pump information provided, pump has not been installed because of weather conditions.

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# 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 #: \_\_\_\_\_  
Driller: Irrigation Equipment  
Date completed: 8-25-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H62  
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>U.S. Fish &amp; Wildlife Service</u>	Latitude: <u>33-12-57</u> Longitude: <u>90-11-09</u>
Mailing Address: <u>1562 Providence Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cruyer Ms. 38924</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 27 Twn 16N Rng 1E</u>
Telephone No. <u>(662) 235-4989</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Tchula</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500 ±</u> Gallons Per Minute	Number of Stages: <u>1</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.

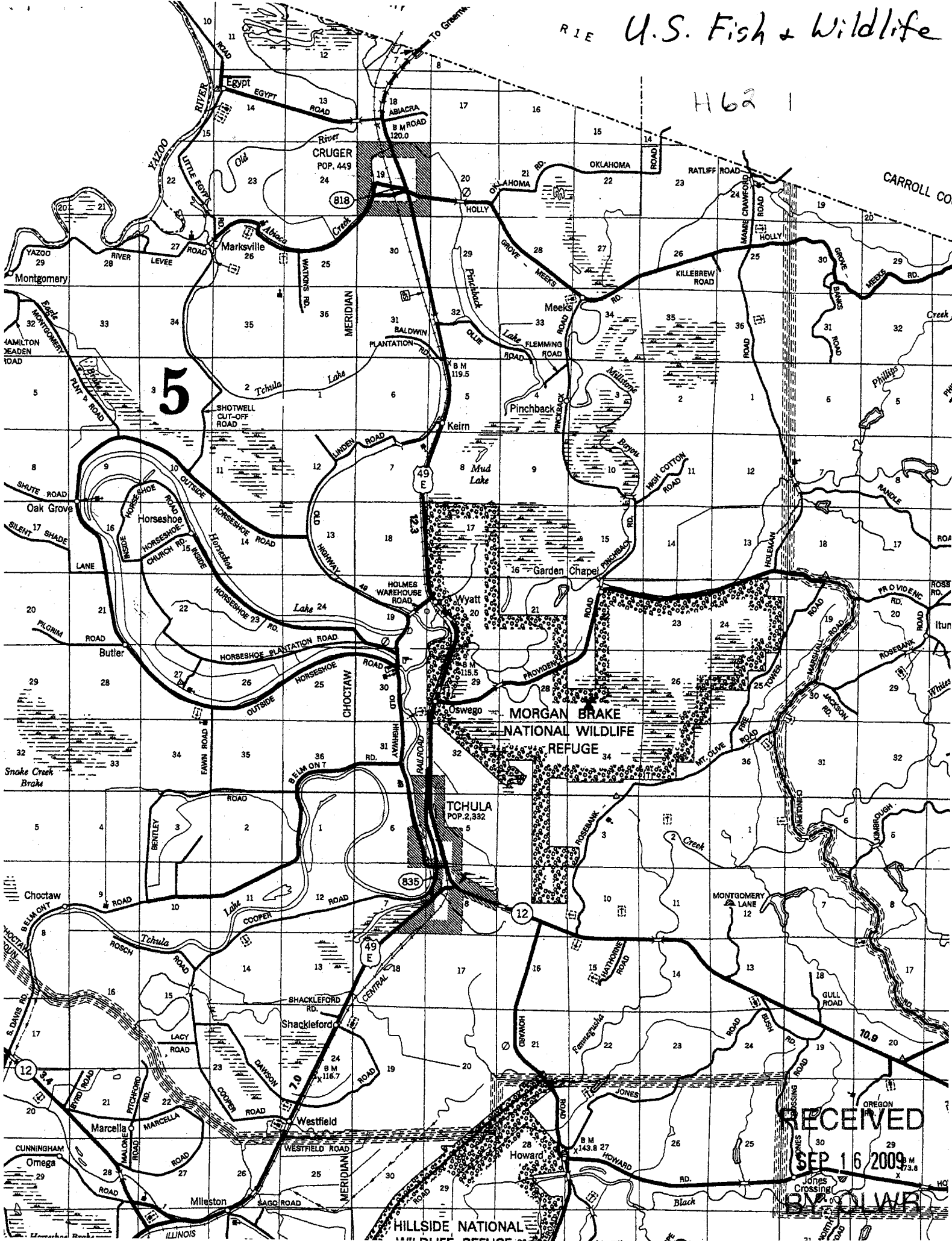
John P. Chism 0439  
Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
Signature of Pump Installer

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