

# 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 #: J-67  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Holmes  
Permit #: SW-40050  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-14-05

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>Graves Place, LLC</u>	Latitude: <u>33 11 16N</u> Longitude: <u>90 15 36W</u>
Mailing Address: <u>3426 Amroth Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Collierville, TN 38017</u>	USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> <u>SW</u> <u>SE</u> <u>NE</u> Sec <u>1</u> Twn <u>15N</u> Rng <u>1W</u>
Telephone No. ( ) _____	Distance: <u>2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Tchula</u>

Well Data

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

Date well drilling started: 3-14-05 Date well drilling completed: 3-14-05

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

Static Water Level: 10ft. feet above or below (circle one) land surface Date measured: 3-14-05

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

Hole depth: 121' Well depth: 121' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 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 82 feet to 121 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

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MAR 23 2005

BY: OLWR



# STATE WELL REPORT

## Part 2

County: Holmes  
 Permit #: GW 40050  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-14-05

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-67  
 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>Graves Place, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3426 Amroth Drive</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Collierville, TN 38017</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City                      State                      Zip Code	NW ¼   SW ¼   Sec <u>1</u> TwN <u>15N</u> Rng <u>1W</u>
<u>901-850-5303</u>	Distance                      Direction                      Nearest Town
Telephone No. ( ) _____	<u>2</u> <u>West</u> <u>Tchula</u>
	_____ Miles                      of _____

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: <u>3-14-05</u>	Setting Depth: <u>70</u> feet
<u>2500-3000</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: _____ Gallons Per Minute	

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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

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MAR 29 2005

BY: OLWR