

# 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 # GW-40458  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-15-05

For Office Use Only:  
Aquifer: 078  
Well #: J-69  
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>Jones Planting Company</u>	Latitude: <u>33° 5' 22.8"</u> Longitude: <u>90° 23' 37.6"</u>
Mailing Address: <u>Box 1062</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Yazoo City, MS 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>31 03</u> Twn <u>15N</u> Rng <u>1W 02W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Thornton</u>
<b>Well Data</b>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-15-05</u> Date well drilling completed: <u>6-15-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-16-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>125</u> Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>85</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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	<u>Patrick M Chism</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

JUL 18 2005

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 #: GW 40458  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-16-05

For Office Use Only:

Aquifer: 078

Well #: ~~J-69~~

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>Jones Planting Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 1062</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Yazoo City, MS 39194</u>	USGS quad, <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>15N</u> Rng <u>1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles NW of Thornton</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-16-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</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
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  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism  
 Signature of Pump Installer

RECEIVED

JUL 08 2005

BY: OLWR