

# 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 #: A-74  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: 60132169  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4/22/09

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>Nell Stevens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O Bill Toler</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.O. Box 443</u>	<u>NW 1/4 SE 1/4 Sec 15 Twn 17N Rng 3W</u>
<u>Inverness Ms. 38753</u>	Distance Direction Nearest Town <u>7 Miles NE of ISO19</u>
City State Zip Code	
Telephone No. <u>(662) 265-5775</u>	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>4/22/09</u> Date well drilling completed: <u>4/22/09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4/23/09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>127</u> Well depth: <u>127</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>87</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>88</u> feet to <u>127</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. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	<u>John P. Chism</u> Signature of Water Well Contractor

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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: Humphreys  
 Permit #: 60043169  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 4/22/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-74  
 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>Nell Stevens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/o Bill Toler</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 443</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Inverness Ms. 38753</u>	<u>NW 1/4 SE 1/4 Sec 15 Twn 17N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(663) 265-5775</u>	<u>7</u> Miles <u>NE</u> of <u>Isola</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>60</u>
Date Pump Installed: <u>4/23/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800±</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
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.

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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# Nell Stevens Map

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R 3 W  
SUNFLOWER COUNTY

6043169

A-74

R 2 W

LEFLORE COUN

