

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 #: B-231
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW 40479
Irrigation Equipment
Driller: _____
Date drilling completed: 6-30-05

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>Danny Cordell</u> | Latitude: _____ " Longitude: _____ " |
| Mailing Address: <u>1230 Montgomery St.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Inverness, MS 38753</u> | <u>SW ¼ SW ¼ Sec 14 Twn 16N Rng 5W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: <u>6</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Isola</u> |
| Telephone No.: <u>662-265-5130</u> | |
| Well Data | |
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____ | |
| Date well drilling started: <u>6-30-05</u> Date well drilling completed: <u>6-30-05</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>33'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-1-05</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>10</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC 160</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 | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor: <u>Patrick M Chism</u> |

RECEIVED
JUL 21 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: Humphreys
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 7-1-05

For Office Use Only:

Aquifer: _____
 Well #: B-231
 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>Danny Cordell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1230 Montgomery St.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Inverness, MS 38753</u> | <input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | SW ¼ SW ¼ Sec <u>14</u> Twn <u>16N</u> Rng <u>5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>6</u> Miles <u>SW</u> of <u>Isola</u> |

| Pump Type Circle one | Power Type Circle one |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>10</u> |
| Date Pump Installed: <u>7-1-05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>500</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.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism
 Signature of Pump Installer

RECEIVED

JUL 21 2005

BY: OLWR