

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-236
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: OLW40997
Irrigation Equipment
Driller: _____
Date drilling completed: 4-12-06

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>Royce Estate</u>	Latitude: <u>33 15 14.0N</u> Longitude: <u>90 42 06.6W</u>
Mailing Address: <u>766 High Hampton Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>St. Louis, MO 63124</u>	USGS quad: _____ Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 16N Rng 5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>8 Miles West of Isola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Pivot Replacement

Date well drilling started: 4-12-06 Date well drilling completed: 4-12-06

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

Static Water Level: 24' feet above or below (circle one) land surface Date measured: 4-12-06

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

Hole depth: 116 Well depth: 116' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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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BY: OLWR

STATE WELL REPORT

County: Humphreys
 Permit #: 6W 40997
 Driller: Irrigation Equipment
 Date completed: 4-12-06
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: B-236
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Royce Estate</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>766 High Hampton Road</u>	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>St. Louis, MO 63124</u>	_____ ¼ _____ ¼ Sec <u>9</u> T <u>16N</u> <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>8</u> Miles <u>West</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>4-12-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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APR 25 2006

BY: OLWR