

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: Humphreys
Permit #: GW 41180
Irrigation Equipment
Driller: _____
Date drilling completed: 6-19-06

For Office Use Only:
Aquifer: _____
Well #: B-242
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>Robbie Forbes</u>	Latitude: <u>33 13 27.3</u> , Longitude: <u>90 40 49.1</u>
Mailing Address: <u>Rt. 1, Box 182B</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, <u>49</u>
<u>Isola MS 38754</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW 1/4 NE 1/4 Sec <u>23</u> Twn <u>16N</u> Rng <u>5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Isola</u>

Well Data

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

Date well drilling started: 6-19-06 Date well drilling completed: 6-19-06

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

Static Water Level: 28' feet above or below (circle one) land surface Date measured: 6-20-06

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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

RECEIVED
JUL 10 2006
BY OLIVER

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 #: 6W 41180
 Irrigation Equipment
 Driller: _____
 Date completed: 6-19-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-242
 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>Robbie Forbes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rt. 1, Box 182B</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Isola</u> MS <u>38754</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>NE</u> ¼ Sec <u>23</u> T <u>16N</u> R <u>5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</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>6-20-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</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.
 Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JUN 10 2006
 Form: OLWR-SWR-1B
 BY: OLWR