

# 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 #: GW41590  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-12-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-252  
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>Bellewood Bryan Place</u> | Latitude: <u>33° 13' 16.1"</u> Longitude: <u>90° 34' 36.4"</u> |
| Mailing Address: <u>Box 98</u>          | Method of Lat/Long (circle one): <u>Conventional Survey</u>    |
| <u>Inverness MS 38753</u>               | USGS quad, Hand-held GPS, Survey-grade GPS                     |
| City State Zip Code                     | <u>se 1/4 ne 1/4 Sec 23 Twn 16N Rng 4W</u>                     |
| Telephone No. ( ) <u>662-265-5209</u>   | Distance Direction Nearest Town                                |
|   | <u>3 Miles South of Isola</u>                                  |

**Well Data**

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

Date well drilling started: 3-12-07 Date well drilling completed: 3-12-07

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

Static Water Level: 34' feet above or below (circle one) land surface Date measured: 3-13-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor Patrick M. Chism

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MAR 30 2007  
BY: OLWR

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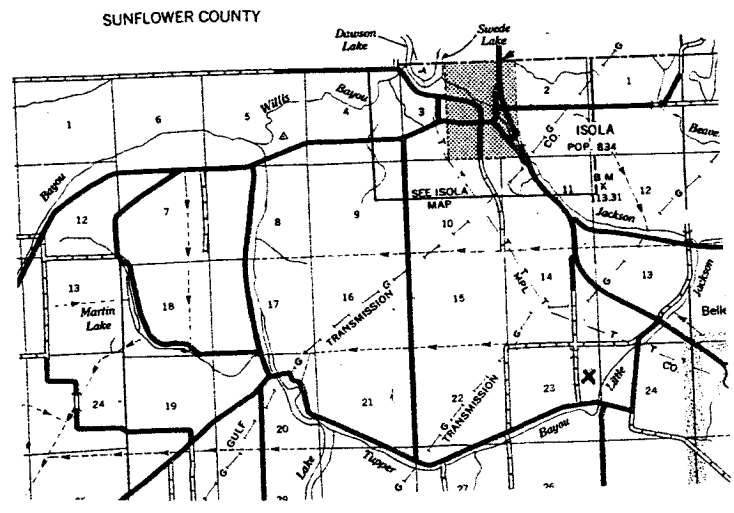
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 30  |
| Fine Sand                             | 31   | 45  |
| Fine Sand/gravel                      | 46   | 69  |
| Med. Sand/gravel                      | 70   | 127 |
|                                       |      |     |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: \_\_\_\_\_

*Patricia M. E.*

\_\_\_\_\_

Signature of Water Well Contractor

# 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: 3-12-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-252  
 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>Bellewood Bryan Place</u> | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>Box 98</u>           | Method of Lat/Long (circle one): <u>Conventional Survey,</u> |
| <u>Inverness MS 38753</u>                | USGS quad, Hand-held GPS, Survey-grade GPS                   |
| City State Zip Code                      | _____ ¼ _____ ¼ Sec <u>23</u> Twn <u>16N</u> Rng <u>4W</u>   |
| <u>265-5209</u>                          | Distance Direction Nearest Town                              |
| Telephone No. ( ) _____                  | <u>3 Miles South of Isola</u>                                |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>         | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO   |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>  | Windmill <input type="checkbox"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>60</u>  |
| Date Pump Installed: <u>3-13-07</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<br>Circle one  |
|--|--|
| Date Well Tested: _____                                | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| 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 **RECEIVED**

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer MAR 30 2007

BY: OLWF