

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date drilling completed: 4/13/09

# 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-276  
 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>C+M Land Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 708</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola Ms. 38751</u>	<u>SW 1/4 SE 1/4 Sec 24 Twn 16N Rng 5W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ of Nearest Town: _____
Telephone No. <u>(662) 887-2555</u>	<u>5</u> Miles <u>SW</u> of <u>ISO/9</u>

**Well Data**

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

Date well drilling started: 4/13/09 Date well drilling completed: 4/13/09

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 4/14/09

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

Hole depth: 147 Well depth: 147 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

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 147 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.  
 John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism  
 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 #: \_\_\_\_\_  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 4/13/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-276  
 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>C + M Land Company</u> Mailing Address: <u>P.O. Box 708</u> <u>Indigo, Ms. 38751</u> <small>City State Zip Code</small> Telephone No. <u>(662) 887-2555</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 SE 1/4 Sec 24 Twn 16N Rng 5W</u> Distance Direction Nearest Town <u>5 Miles SW of Isola</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet              Submersible Bucket        Piston <u>Turbine</u> Centrifugal    Rotary              Flowing Well Other (specify): _____ Date Pump Installed: <u>4/14/09</u> Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)      Signature of Pump Installer

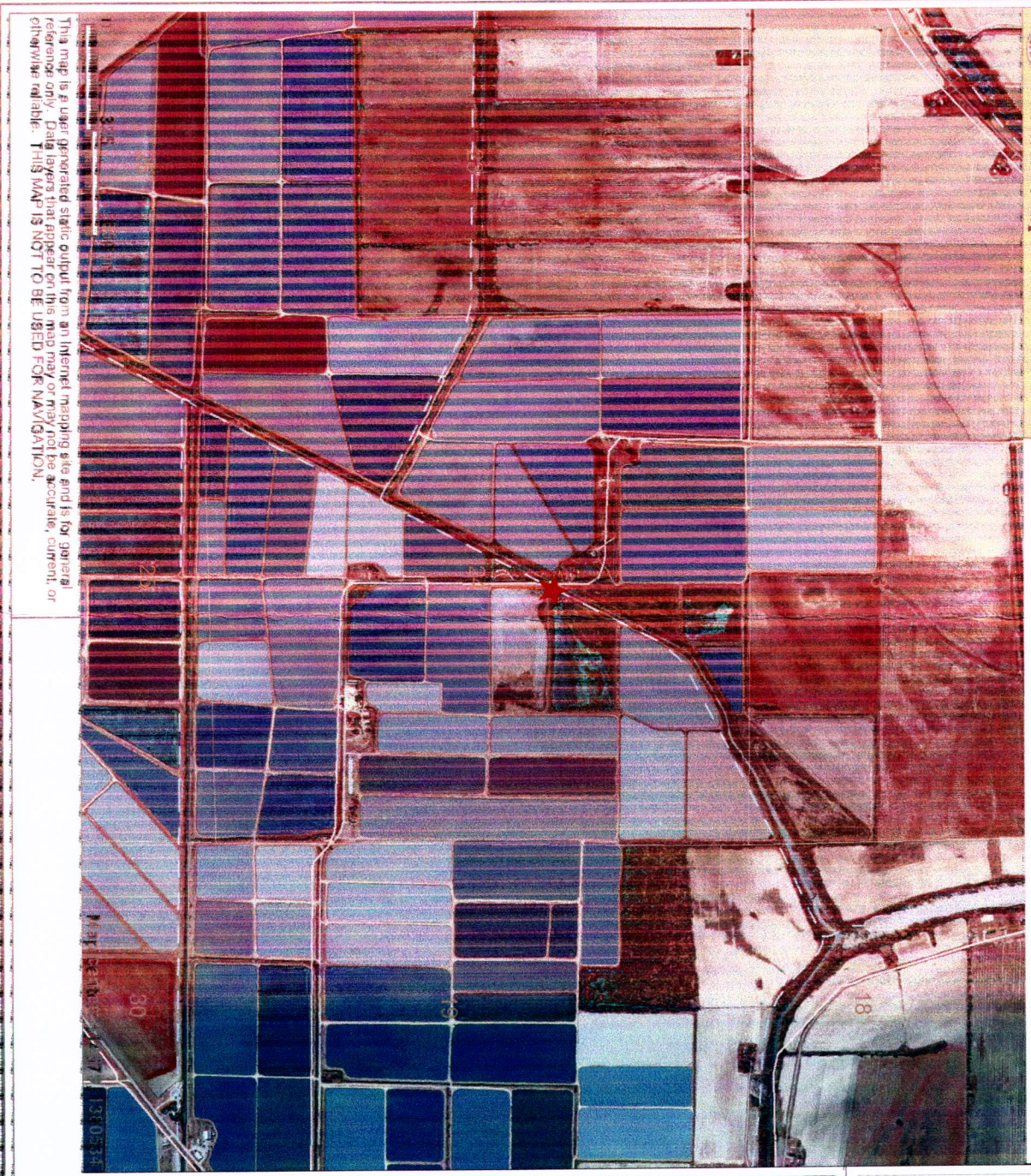
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B-276



C & M Land Company



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Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US / State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inundated areas
- Marsh or swamp
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)



Scale: 1:17,836



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