

# 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 #: C-165  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit # GW 41663  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-7-06

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>Roberts Farms</u>	Latitude: <u>33.13 27.1</u> Longitude: <u>90.28 57.2</u>
Mailing Address: <u>Box 252</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Belzoni MS 39038</u>	<input checked="" type="radio"/> NW <u>1/4</u> Sec <u>23</u> TwN <u>16N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>3</u> Miles <u>North</u> <u>Belzoni</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply  Irrigation Fish Culture  Other: replacement for C-163 & 7

Date well drilling started: 7-7-06 Date well drilling completed: 7-7-06

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

Static Water Level: 31' feet above or below (circle one) land surface Date measured: 7-8-06

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 77 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 78 feet to 117 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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If well telescopes please sketch below and show depths.

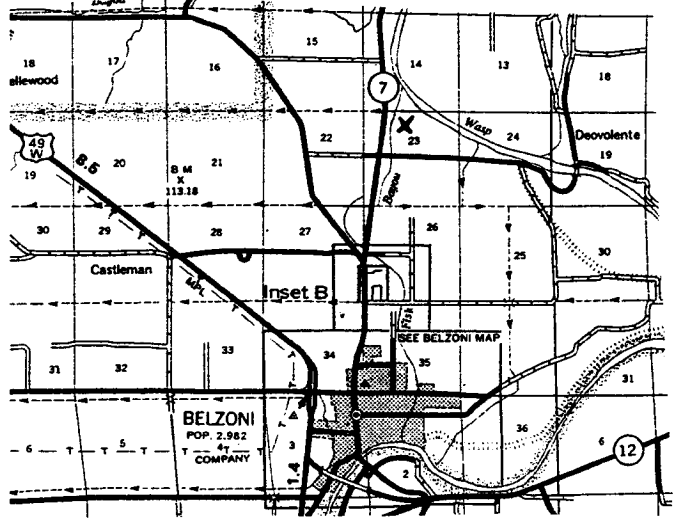
Ground Level

Old Well 20' South

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	35
Med. Sand/gravel	36	45
Med. Sand	46	55
Med. Sand/gravel	56	115
Clay	116	117

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: \_\_\_\_\_

Pat M. Chi  
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: 7-7-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-165  
 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>Roberts Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 252</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni</u> MS <u>39038</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23</u> T <u>16N</u> R <u>3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>North</u> of <u>Belzoni</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>30</u>
Date Pump Installed: <u>7-8-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>2</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)

*Patrick M. Chism*  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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