

# 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-1166  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW 41315  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-16-06

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>Silver Creek Plantation</u>	Latitude: <u>33 12 57.4</u> " Longitude: <u>90.32.06</u> .7
Mailing Address: <u>Box 419</u>	Method of Lat/Long (circle one): <u>57</u> Conventional Survey, <u>06</u>
<u>Belzoni MS 39038</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4</u> Sec <u>29</u> Twn <u>16N</u> Rng <u>3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
<u>662-247-3747</u>	<u>3</u> Miles <u>NW</u> of <u>Belzoni</u>

**Well Data**

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

Date well drilling started: 8-16-06 Date well drilling completed: 8-16-06

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

Static Water Level: 39' feet above or below (circle one) land surface Date measured: 8-16-06

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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 96 feet to 135 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  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED  
SEP 20 2006  
OFFICE OF LAND AND WATER RESOURCES



# 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 #: GW 41315  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 8-16-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-166  
 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>Silver Creek Plantation</u> Mailing Address: <u>Box 419</u> <u>Belzoni MS 39038</u> City State Zip Code <u>662-247-3747</u> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE ¼ NE ¼ Sec 29 T 16N R 3W</u> Distance Direction Nearest Town <u>3 Miles NW of Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-16-06</u> Rated Pump Capacity: <u>2300</u> Gallons Per Minute	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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.  
 Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable) Patrick M Chism  
 Signature of Pump Installer