

# 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 #: D-73  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-5-07

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>Silent Shade</u>	Latitude: <u>33° 18' 25.3"</u> Longitude: <u>90° 21' 41.6"</u>
Mailing Address: <u>Box 211</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Belzoni</u> Ms. <u>39038</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>36</u> Twn <u>17N</u> Rng <u>2W</u>
Telephone No. ( ) _____	SW Distance Direction Nearest Town, <u>12</u> Miles <u>NE</u> of <u>Belzoni</u>

Well Data

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

Date well drilling started: 6-5-07 Date well drilling completed: 6-5-07

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 6-6-07

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 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 84 feet to 123 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

replacement for well 353



# 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 #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 6-5-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-73  
 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>Silent Shade</u> Mailing Address: <u>Box 211</u>  <u>Belzoni Ms. 39038</u> <small>City State Zip Code</small>  Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec 36 Twn 17N Rng 2W</u> Distance Direction Nearest Town <u>12 Miles NE of Belzoni</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>6-6-07</u> Rated Pump Capacity: _____ Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>180</u> Setting Depth: <u>60</u> feet Number of Stages: <u>3</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.

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

# Silent Shade Map

