

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 #: G-71
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW40083
Irrigation Equipment
Driller: _____
Date drilling completed: 3-17-05

Irrigation Equipment, Inc.

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>Po-Boy Land Company</u>	Latitude: <u>33.06</u> .47N Longitude: <u>90.24</u> .27W
Mailing Address: <u>1250 Shadow Wood Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brandon, MS 39047</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓
City: _____ State: _____ Zip Code: _____	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>28</u> Twn <u>15N</u> Rng <u>2W</u>
Telephone No. (<u>601</u>)- <u>354-4488</u>	Distance <u>6</u> Miles Direction <u>NE</u> of Nearest Town <u>Silver City</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Pivot Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>3-17-05</u> Date well drilling completed: <u>3-17-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>10'</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>3-31-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>116'</u> Well depth: <u>116'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>116</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY OLWK

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: 3-31-05

For Office Use Only:

Aquifer: _____
 Well #: G-71
 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>Po-Boy Land Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1250 Shadow Wood Drive</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
_____ <u>Brandon, MS 39047</u> City State Zip Code	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Telephone No. (<u>601-354-4488</u>)	NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>29</u> Twn <u>15</u> Rng <u>2W</u>
	Distance Direction Nearest Town
	<u>6</u> Miles <u>NE</u> of <u>Silver City</u>

Pump Type Circle one	Power Type 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>200</u>
Date Pump Installed: <u>3-31-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level 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
 Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism
 Signature of Pump Installer

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 APR 15 2005
 BY: OLWR