

# 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)

County: Humphreys  
 Permit #: 001425012  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 5-22-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-76  
 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>Sones Planting</u>	Latitude: <u>33° 08' 00.9"</u> Longitude: <u>90° 21' 25.1"</u>
Mailing Address: <u>Box 1062</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>YAZOO city MS 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 24 Twn 16N Rng 2W</u>
Telephone No. <u>Bryan Sones</u>	Distance Direction Nearest Town <u>6 Miles SE of Belzoni</u>

Well Data Pivot

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

Date well drilling started: 5-22-08 Date well drilling completed: 5-22-08

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 6-4-08

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 124 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 [Signature]

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G-76

If well telescopes please sketch below and show depths.

Ground Level

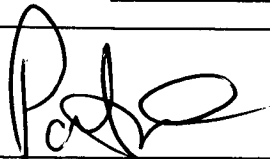
Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	39
Fine Sand + Gravel	40	49
Medium Sand + Gravel	50	124

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:

Abbott Pivot Service



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 #: 600425619  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-22-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-76  
 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.

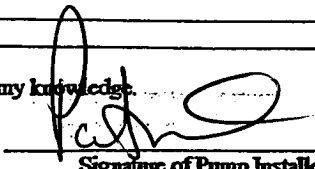
Well Owner Information	Well Location
Owner Name: <u>Jones Planting</u> Mailing Address: <u>Box 1062</u>  <u>VAZOO CITY MS 39194</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE 1/4 NW 1/4 Sec 24 Twn 16N Rng 2W</u> Distance Direction Nearest Town <u>6 Miles SE 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): _____	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>50</u> feet Number of Stages: <u>3</u>
Date Pump Installed: <u>6-4-08</u> Rated Pump Capacity: <u>950</u> Gallons Per Minute	

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

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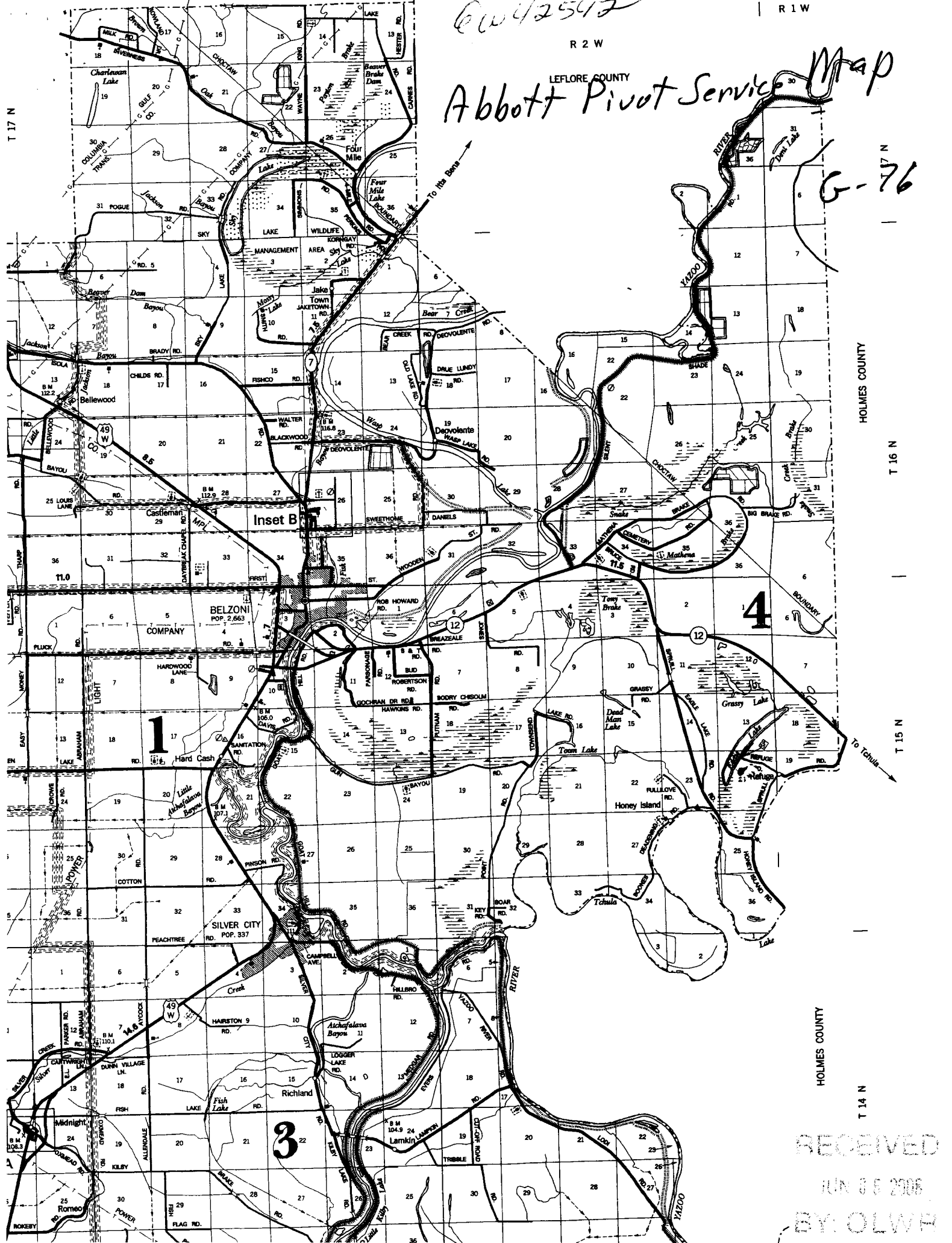
R 1 W

R 2 W

LEFLORE COUNTY

# Abbott Pivot Service Map

G-76



HOLMES COUNTY

T 17 N

T 16 N

T 15 N

HOLMES COUNTY

T 14 N

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