

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 #: J-120
L. S. Elevation:
E-log #:

County: Humphreys
Femil #: GW 41913
Irrigation Equipment
Driller:
Date drilling completed: 6-9-07

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: Owner Name Larry Wise, Mailing Address Rt 1 Box 240, Silver City Ms. 39166. Well Location: Latitude: 32.02.17.0, Longitude: 90.31.35.9, Method of Lat/Long: Conventional Survey, 17, 36, USGS quad, Hand-held GPS, Survey-grade GPS, SW SE 1/4 SW 1/4 Sec 20, Twn 14N, Rng 3W, Distance 5 Miles, Direction NE of Nearest Town Louise.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other. Date well drilling started: 6-9-07 Date well drilling completed: 6-9-07. If flowing, method of flow regulation: Valve Other (describe). Static Water Level: 27 feet above or below (circle one) land surface Date measured: 6-11-07. Method of Measurement (circle one) steel tape electric tape air line other. Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet. Type of grout (circle one): Cement Bentonite Mix. Casing length: 78 feet Casing diameter: 10 inches Type of casing: PVC. Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC. Screen slot size: .050 inches Setting depth: From 79 feet to 118 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

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JUN 29 2007
BY: OLWR

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 41913
 Driller: _____
 Date completed: 6-9-07

For Office Use Only:

Aquifer: _____
 Well #: J-120
 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.

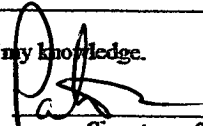
Well Owner Information	Well Location
Owner Name: <u>Larry Wise</u> Mailing Address: <u>Rt 1 Box 240</u> <u>Silver City Ms. 39166</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 20 Twn 14N Rng 3W</u> Distance Direction Nearest Town <u>5 Miles NE of Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>6-11-07</u> Rated Pump Capacity: <u>750 ±</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 <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> 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.

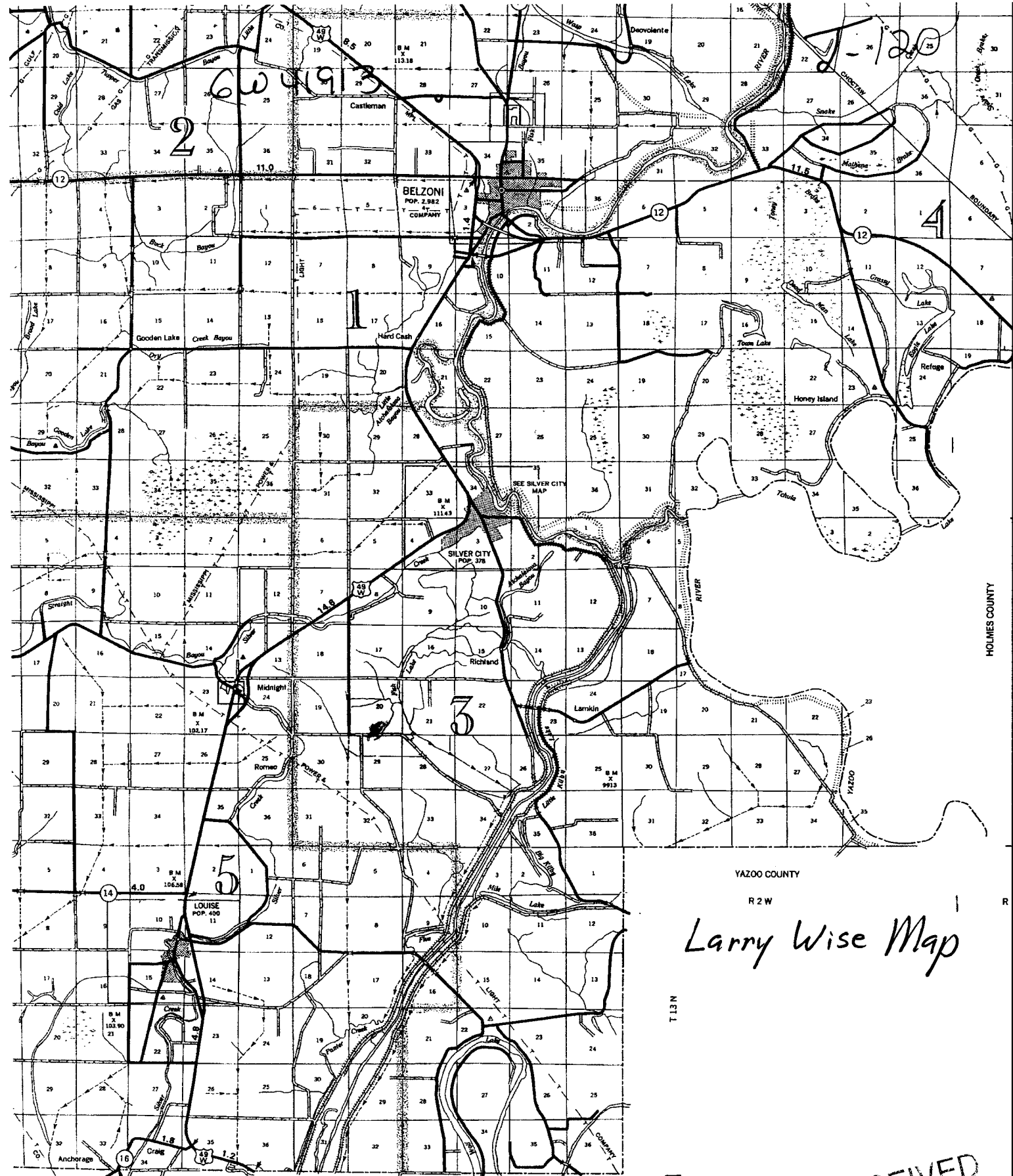
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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HOLMES COUNTY

YAZOO COUNTY

R 2 W

Larry Wise Map

T 13 N

R 4 W

R 3 W

GENERAL HIGHWAY MAP

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HUMPHREYS COUNTY

SCALE IN MILES

0 1 2 3

