

# State Well Report

## Part I

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 #: K-179  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Humphreys  
 Permit #: 41653  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 3-24-07

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>Seward &amp; Son</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise MS 39097</u>	USGS <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SW NW NE 1/4 SE 1/4 Sec 4 Twn 13N Rng 4W</u>
Telephone No. <u>662-836-5161</u>	Distance Direction Nearest Town
	<u>1 Miles NE of Louise</u>

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**Well Data**

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

Date well drilling started: 3-24-07 Date well drilling completed: 3-24-07

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 3-26-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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: 0.50 inches Setting depth: From 88 feet to 127 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*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

41653

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
 OFFICE OF LAND AND WATER RESOURCES  
 JACSON, MISSISSIPPI

**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 #: K-129  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW 41653  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-24-07

**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>Seward + Son</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Louise MS 39097</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW NE 1/4 SE 1/4 Sec 11 Twn 13N Rng 4W</u>
Telephone No. ( <u>662-836-5161</u> )	Distance Direction Nearest Town
	<u>1 Miles NE of Louise</u>

**Well Data**

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

Date well drilling started: 3-24-07 Date well drilling completed: 3-24-07

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 3-26-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

APR 10 2007

If well telescopes please sketch below and show depths.

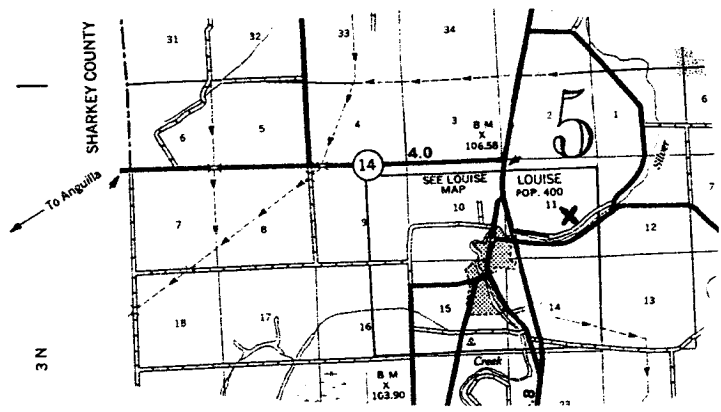
K.

Ground Level

Description of Formations Encountered	From	To
Clay	0	47
Fine sand	48	57
med sand	58	67
med. sand + gravel	68	77
Coarse sand + gravel	78	127

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: \_\_\_\_\_

Patrol m ce  
Signature of Water Well Contractor

# 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 #: 6W 41653  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-24-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-129  
 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>Seward + son</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louise MS 39097</u>	<u>NE 1/4 SE 1/4 Sec 11 Twn 13N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662-836-5161</u> )	<u>1 Miles NE of Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-26-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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      Patrick M. Chism  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

APR 15 2007