

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-185

L. S. Elevation: _____

E-log #: _____

County: Humphreys
Permit #: GW 43161
Irrigation Equipment
Driller: _____
Date drilling completed: 4/22/09

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 Humphreys County School Dist

Mailing Address: Box 678

Belzoni Ms. 39038
City State Zip Code

Telephone No. (662) 247-6000

Well Location

Latitude: 32° 58' 27" Longitude: 90° 36' 50"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 NE 1/4 Sec 16 Twn 13N Rng 4W

Distance 1 Miles Direction W of Nearest Town Louise

Well Data Pivot

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

Date well drilling started: 4/22/09 Date well drilling completed: 4/22/09

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

Static Water Level: 16 feet above of below (circle one) land surface Date measured: 4/23/09

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

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism
Signature of Water Well Contractor

Farmer: Pruden Farms Partnership
8596 seven mile Road
Louise, MS 39097

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APR 29 2009

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 #: _____
Irrigation Equipment
Driller: _____
Date completed: 4/22/09

For Office Use Only:

Aquifer: _____
Well #: K-185
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>Humphreys County School Dist.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 678</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Belzoni</u> <u>Ms.</u> <u>39038</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 16 Twn 13N Rng 4W</u>
Telephone No. <u>(662) 247-6000</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Louise</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 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>110</u>
Date Pump Installed: <u>4/23/09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2000 ±</u> Gallons Per Minute	Number of Stages: <u>2</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	

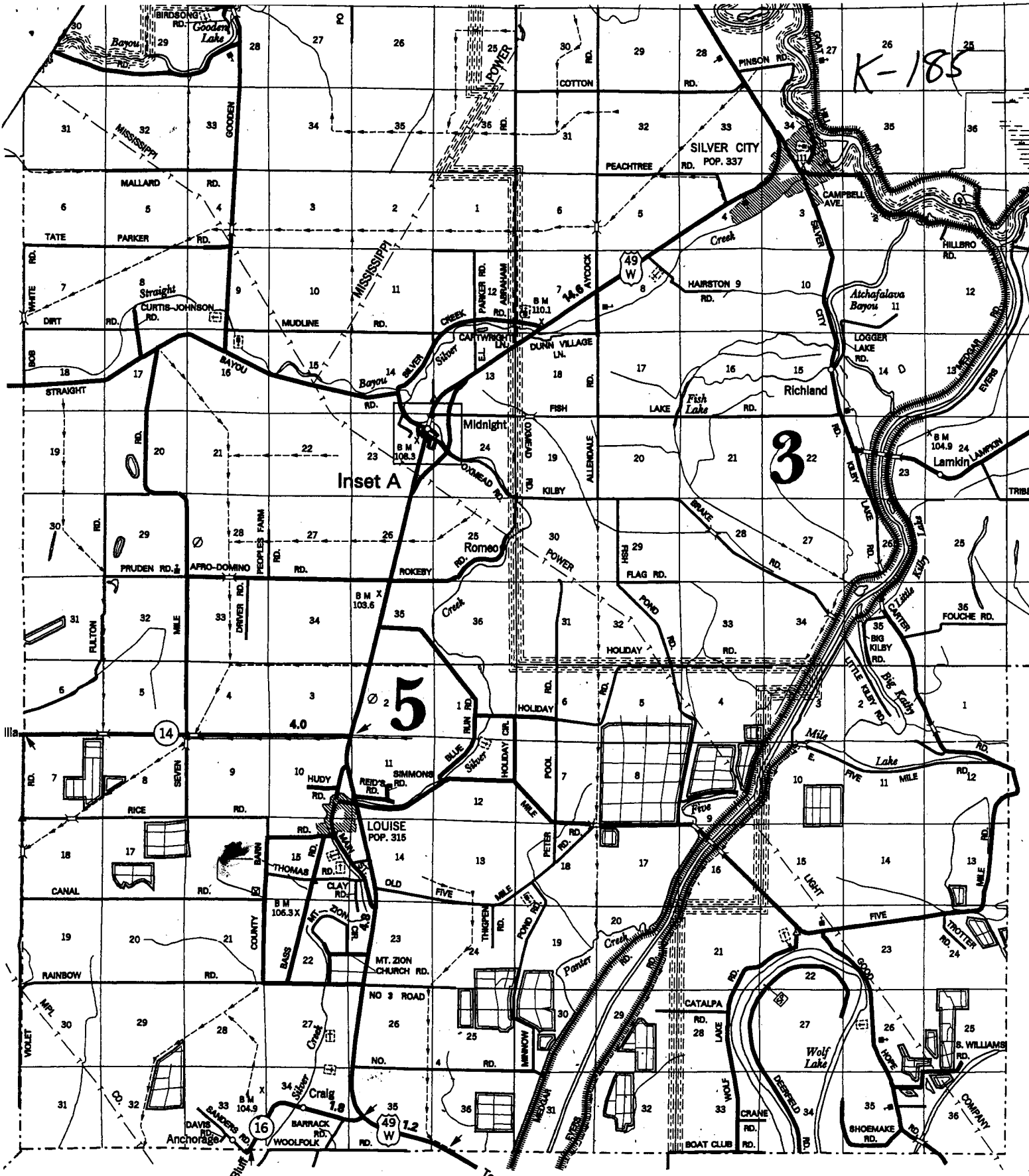
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P. Chism
Signature of Pump Installer

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K-185



Inset A

3

5

YAZOO COUNTY

R 4 W

R 3 W

Humphreys County School District

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