

# 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 #: B-67  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Issaquena  
Permit #: 6W-40058  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-19-05

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>Katherine Pearson</u>    | Latitude: <u>32.50 .15N.</u> Longitude: <u>91.04 .55W.</u>   |
| Mailing Address: <u>c/o Todd Heigle</u> | Method of Lat/Long (circle one): <u>Conventional Survey,</u> |
| <u>Hwy. 1</u>                           | USGS quad, Hand-held GPS, Survey-grade GPS <u>9W</u>         |
| <u>Rolling Fork, MS 39159</u>           | <u>SW 1/4 SW 1/4 Sec 59 Twn 12N Rng 8W</u> <i>on log</i>     |
| City State Zip Code                     | Distance Direction Nearest Town                              |
| Telephone No. <u>(662)-873-2009</u>     | <u>1</u> Miles <u>South</u> of <u>Mayersville</u>            |

Well Data Pivot

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

Date well drilling started: 4-19-05 Date well drilling completed: 4-19-05

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

Static Water Level: 8' feet above or below (circle one) land surface Date measured: 4-20-05

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

Hole depth: 106' Well depth: 106' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 66' feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 67 feet to 106 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

If well telescopes please sketch below and show depths.

Ground Level

**B-67**

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 18  |
| Fine Sand                             | 19   | 35  |
| Fine Sand/gravel                      | 36   | 62  |
| Med. Sand/gravel                      | 63   | 106 |
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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: \_\_\_\_\_

*Patrick M Chin*  
 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: Issaquena  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-20-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-67  
 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>Katherine Pearson</u>    | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>c/o Todd Heigle</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>Hwy. 1</u>                           | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Rolling Fork, MS 39159</u>           | <u>SW 1/4 SW 1/4 Sec 59 Twn 21N Rng 88 9W</u>  |
| City State Zip Code                     | Distance Direction Nearest Town  |
| Telephone No. ( <u>662-873-2009</u> )   | <u>1</u> Miles <u>South</u> of <u>Mayersville</u>  |

| Pump Type<br>Circle one                                | Power Type<br>Circle one   |
|--|--|
| Air Lift Jet Submersible                               | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO  |
| Centrifugal Rotary Flowing Well                        | Windmill Other (specify): _____  |
| Other (specify): _____                                 | Horse Power Rating of Motor: <u>60</u>                                     |
| Date Pump Installed: <u>4-20-05</u>                    | Setting Depth: <u>50</u> feet  |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute    | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>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           |
| 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 Patrick M Chism  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer