

# 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 #: B-71  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Issaquena  
Permit #: EC02776  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-31-08

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: <u>Todd Heigle</u>	Latitude: <u>32°50'15.2"</u> Longitude: <u>91°04'54.8"</u>
Mailing Address: <u>551 Heigle Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rolling Fork Ms. 39195</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>21N</u> Rng <u>8W</u>
Telephone No. ( )	Distance Direction Nearest Town <u>5.0</u> Miles <u>S</u> of <u>Mayersville</u>

Well Data old well 27' west - pivot

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

Date well drilling started: 7-31-08 Date well drilling completed: 7-31-08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 8-1-08

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

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

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

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor [Signature]

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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: Issaquena  
Permit #: 0045716  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 7-31-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-71  
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.

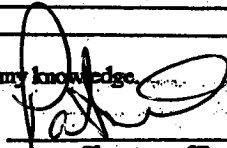
Well Owner Information	Well Location
Owner Name: <u>Todd Heigle</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>551 Heigle Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rolling Fork Ms. 39195</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>21N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>SW</u> of <u>Mayersville</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<u>Diesel Engine</u> Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	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>8-1-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</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 _____
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  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

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BY: OIWP

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Irrigation Equipment Inc 662#887#2599

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- APFC
- MULTIPLE APPLICANTS
- APPLICANT LIMITED PARTIALS
- LOCALITY AND/OR STATE
- INCLUDING PARTIALS
- APPLICANT COMPLETE FACILITY
- APPLICANT USES REGION
- DRAINAGE AND IN
- WATERWAY SYSTEM
- WATERWAY DITCH
- LANDS AND RESOURCES
- OUTLAY LAND
- WASH OR NEAR LAND
- DEVELOP
- STATE BOUNDARY
- COUNTY BOUNDARY
- SEAT LINE
- CONGRESSIONAL TOWNSHIP
- SECTION LINE
- NATIONAL OR STATE FIRE
- RESERVATION, MINES ETC.
- URBAN AREA CONTACT
- UNINCORPORATED PLACES
- UNINCORPORATED CENSUS