

County: Issaquena  
 Permit #: GW-44422  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 11-1-10

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: C 13  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

|   |  |
|---|--|
| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ms. Dept. of Wildlife</u><br/>         Mailing Address: <u>1505 Eastaven Dr.</u><br/> <u>Jackson Ms. 39211</u><br/>         City State Zip Code<br/>         Telephone No. ( ) _____</p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>32.49355</u> Longitude: <u>90.58.53.0</u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, Hand-held GPS, Survey-grade GPS<br/> <u>NE 1/4 SE 1/4 Sec. 6 Twn 11N Rng 8W</u><br/>         Distance Direction Nearest Town<br/> <u>3</u> Miles <u>NW</u> of <u>Cary</u></p> |
|---|--|

**Well / Borehole Data**

Date drilling started: 11-1-10 Date drilling completed: 11-1-10 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11-1-10

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Undreamed 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 next page*

Old Well 16" Steel 25' South

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay                                  | Ground Level | 38         |
| Fine Sand                             | 39           | 46         |
| Fine Sand & Gravel                    | 47           | 53         |
| Medium Sand & Gravel                  | 54           | 123        |
| Clay                                  | 123          | 125        |
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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) a north arrow.

Landowner Name: Ms. Dept of Wildlife

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M Chism 0695

*Patrick M Chism*  
Signature of Licensee

Print Name of Responsible Licensee and License No.          Date

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County: Issaquena  
 Permit #: GW 44422  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 11-1-10  
 Copy information from block on Part 1

### STATE WELL REPORT

#### Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information                    | Well Location   |
|---|---|
| Owner Name: <u>Ms. Dept of Wildlife</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>1505 Eastover Dr.</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Jackson Ms. 39211</u>                  | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                       | <u>NE 1/4 SE 1/4 Sec 6 T 11N R 8W</u>   |
| Telephone No. ( ) _____                   | Distance _____ Direction _____ Nearest Town _____   |
|   | <u>3 Miles NW of Cary</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>         | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> 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>60</u>  |
| Date Pump Installed: <u>11-1-10</u>   | Setting Depth: <u>70</u> feet   |
| Rated Pump Capacity: <u>2500±</u> Gallons Per Minute  | Number of Stages: <u>1</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>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 _____ feet after _____ hours of pumping                                      |
| Test Pumping Rate: _____ Gallons Per Minute            |  |
| Duration of Pump Test (minimum 4 hours): _____ hours   |  |

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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 \_\_\_\_\_

Form: OLWR-SWR-1C (07-09)

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