

# 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)

County: Issaquena  
Permit #: GW 41314  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-30-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E-29  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>S &amp; E Land, LLC</u>	Latitude: <u>31.39 02.5</u> , Longitude: <u>91.04.40.2</u>
Mailing Address: <u>Box 320398</u>	Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>40</u>
<u>Flowood MS 39232</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>1</u> Twn <u>9N</u> Rng <u>9W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Fitler</u>

**Well Data**

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

Date well drilling started: 8-30-06 Date well drilling completed: 8-30-06

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

Static Water Level: 27' feet above or below (circle one) land surface Date measured: 9-8-06

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

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 99 feet to 118 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.

*Patrick M Chism*  
Signature of Water Well Contractor

RECEIVED  
SEP 14 2006  
BY: OLWR

If well telescopes please sketch below and show depths.

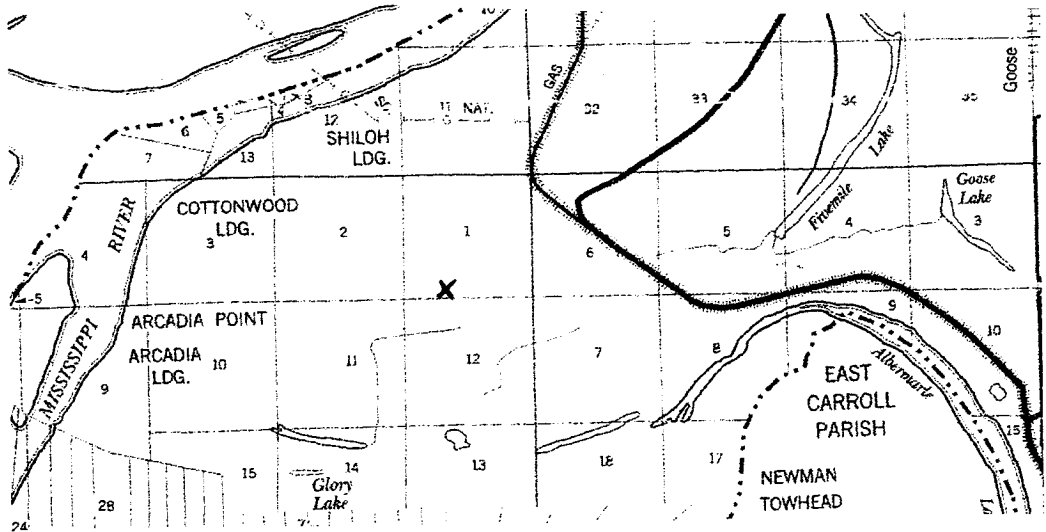
E-

Ground Level

Description of Formations Encountered	From	To
Clay	0	31
Fine Sand	32	58
Fine Sand/gravel	59	85
Fine Sand	86	95
Med. Sand/gravel	95	116
Clay	117	118

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 on 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 #: GW 41314  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 8-30-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-29  
 Elevation: \_\_\_\_\_

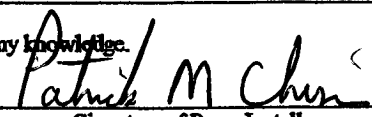
*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>S &amp; E land, LLC</u> Mailing Address: <u>Box 320398</u> <u>Flowood MS 39232</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 1 T 9N R 9W</u> Distance _____ Direction _____ Nearest Town _____ <u>5 Miles South of Fittler</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket: Piston <input type="checkbox"/> <b>Turbine</b> <input checked="" type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>9-8-06</u> <u>2500-3000</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

RECEIVED

SEP 14 2006

BY: OLWF

Form: OLR-SWR-1B