

# State Well Report

## Part I

County: Leflore  
 Permit #: 61041134  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-8-06

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 #: A-130  
 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>Floyce Bullock Estate</u> Mailing Address: <u>c/o AmSouth Bank</u> <u>Box 548</u>  <u>Greenwood MS 38930</u> City State Zip Code <u>662-459-2118</u> Telephone No. ( ) _____	Latitude: <u>33 45 33.4</u> Longitude: <u>90.25,34.1</u> Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>34</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 20 Twn 22N Rng 2W</u> Distance Direction Nearest Town <u>8 Miles West of Minter City</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 6-8-06 Date well drilling completed: 6-8-06  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 42' feet above of below (circle one) land surface Date measured: 6-9-06  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC 160  
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160  
 Screen slot size: .050 inches Setting depth: From 86 feet to 125 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

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JUN 26 2006

BY: OLWF

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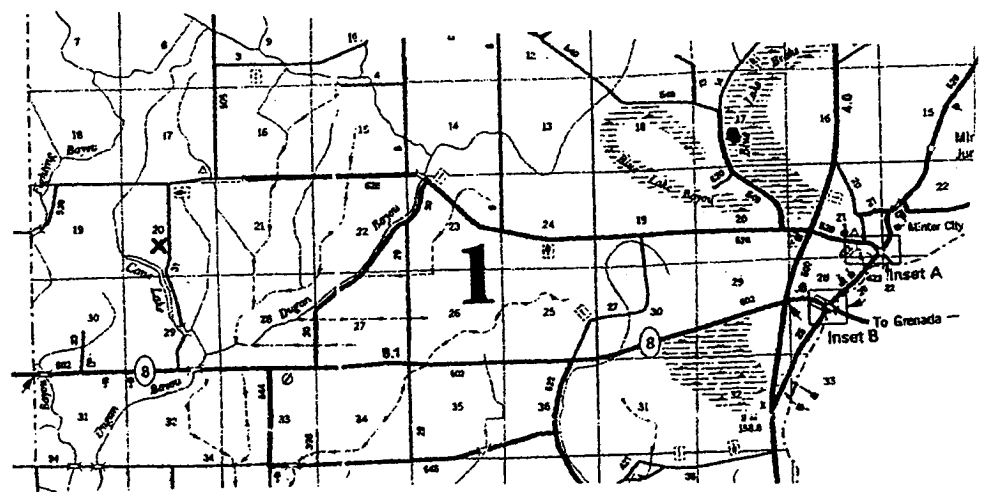
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	31
Fine Sand	32	41
Fine Sand/gravel	42	49
Med. Sand/gravel	50	25

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 McChie*

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Signature of Water Well Contractor

# STATE WELL REPORT

County: Leflore  
 Permit #: 010411301  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-8-06  
*Copy information from block on Part 1*

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-130  
 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>Floyce Bullock Estate</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o AmSouth Bank</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Box 548</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Greenwood MS 38930</u>	<u>1/4</u> _____ <u>1/4</u> Sec <u>20</u> T <u>22N</u> R <u>2W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( <u>662-459-2118</u> )	<u>8</u> Miles <u>west</u> of <u>Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>25</u>
Date Pump Installed: <u>6-9-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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)

*Patrick M Chism*  
 Signature of Pump Installer

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 Form OLWR-SWR-1B  
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