

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:

Agiter:
Well #: A-139
L. S. Elevation:
E-log #:

County: Leflore
Permit #:
Irrigation Equipment
Driller:
Date drilling completed: 11-19-07

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 Karl Gossel, Mailing Address 21300 East 1100 St., Good Hope IL 61438, Telephone No. (309) 456-3887. Well Location: Latitude 33.45582, Longitude 90.25033, Method of Location Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 2D Twp 22N Rng 2W, Distance 7 Miles W of Minter City.

Well Data: Purpose of Well Irrigation, Date well drilling started 11-19-07, Date well drilling completed 11-19-07, Static Water Level below land surface, Method of Measurement steel tape, Hole depth 125, Well depth 125, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 85 feet, Casing diameter 10 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 10 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 86 feet to 125 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing, Logs run No log run, 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. Signature of Water Well Contractor 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)854-6938 (fax)

County: Leflore
 Report #: _____
 Irrigation Equipment
 Boiler: _____
 Date completed: 11-19-07

For Office Use Only:

Aquifer: _____
 Well #: A-139
 Elevation: _____

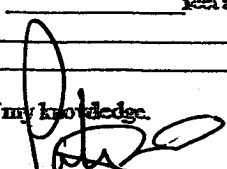
This report should be prepared by the pump installer in detail and filed with the Department within 36 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Karl Gosse</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21300 East 1100 St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Good Hope</u> IL <u>61438</u>	<u>NE 1/4 NE 1/4 Sec 20 Twa 22N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(309) 456-3887</u>	<u>7 Miles W of Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>950±</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="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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) Signature of Pump Installer: _____

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 BY: OLWR

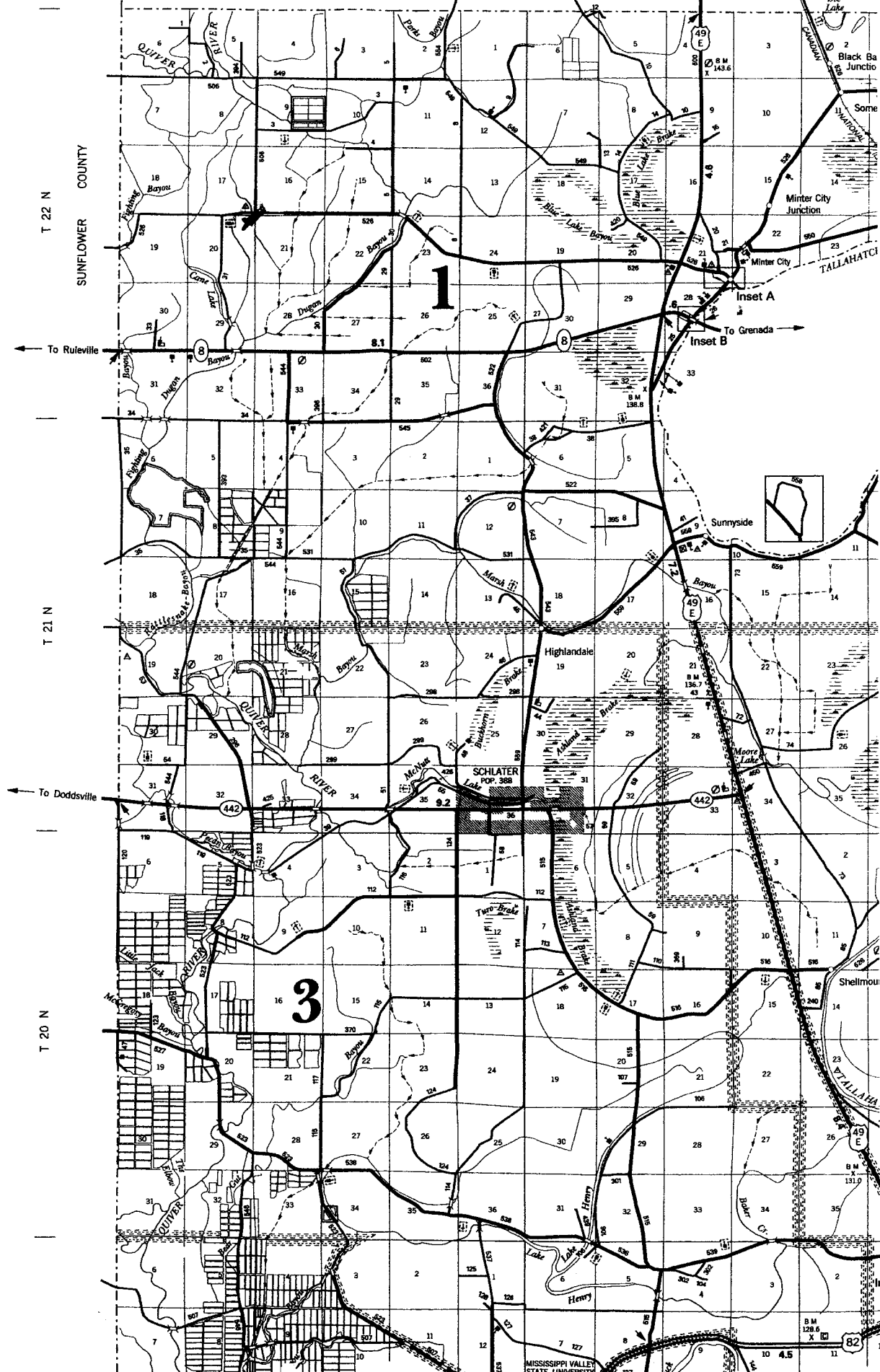
R 2 W Karl Gossel Map R 1 W

A-139

TALLAHATCHIE COUNTY

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