

Replaces CW 12692

SMITH
 County: Leflore 2522N02W
 Permit #: Irrigation Equipment
 Driller:
 Date drilling completed: 3-4-05

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:
 Aquifer: _____
 Well #: A171
 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: David Smith	Latitude: 33 45 08N	Longitude: 90 15 46W	
Mailing Address: 551 Lawrence Road 5470	Method of Lat/Long (circle one): Conventional Survey		
Alicia, AR 72410	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	SW 1/4 Sec 25	Twn 22N	Rng 2W
Telephone No. (870)-886-2801	Distance 5 Miles	Direction SW	Nearest Town Minter City

Well Data

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

Date well drilling started: 3-4-05 Date well drilling completed: YMD JOINT WATER 05 MANAGEMENT DISTRICT

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

Static Water Level: 37' feet above or below (circle one) land surface Date measured: 3-7-05

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

Hole depth: 117' Well depth: 117' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

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

Screen slot size: .050 inches Setting depth: From 78 feet to 117 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: Patrick M. Chism

40049

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: Leflore
 Permit #: GW40049
 Irrigation Equipment
 Driller: _____
 Date completed: 3-7-05

For Office Use Only:

Aquifer: _____
 Well #: A171
 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>David Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>551 Lawrence Road 5470</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Alicia, AR 72410</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW SW 25 22N 2W
Telephone No. (<u>870-886-2801</u>)	Distance Direction Nearest Town
	<u>5 Miles SW of Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-7-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</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 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
Patrick M Chism

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer