

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-114  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-3-05

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>David Smith</u>	Latitude: <u>33</u> <u>44</u> <u>16</u> N Longitude: <u>90</u> <u>21</u> <u>5</u> W
Mailing Address: <u>551 Lawrence Road 5470</u>	<u>45</u> <u>01</u> <u>20</u> <u>01</u>
<u>Alicia, AR 72410</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. (____) _____	NE <u>1/4</u> NE <u>1/4</u> Sec <u>30</u> Twn <u>22N</u> Rng <u>1W</u>
	Distance: <u>3</u> Miles Direction: <u>West</u> of Nearest Town: <u>Minter City</u>

**Well Data**

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

Date well drilling started: 3-3-05 Date well drilling completed: 3-3-05

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

*Patrick M Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Part 1 mailed 3-29-05.

MAR 31 2005

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level B-114

Description of Formations Encountered	From	To
Clay	0	30
Fine Sand	31	45
Fine Sand/Gravel	46	55
Med. Sand/Gravel	56	117

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 M. Chow  
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: Leflore  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-4-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-114  
 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	<u>NE ¼ NE ¼ Sec 30 Twn 22N Rng 1W</u>
Telephone No. ( ) <u>870-886-2801</u>	Distance Direction Nearest Town
	<u>3 Miles West of Minter City</u>

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Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<u>Diesel Engine</u> Gasoline Engine                      Natural Gas
Bucket                              Piston <u>Turbine</u>	Electric Motor                      Hand                              Tractor PTO
Centrifugal                      Rotary                              Flowing Well	Windmill                              Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-4-05</u>	Setting Depth: <u>60</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): <u>29'</u> 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

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

Part 1 mailed 3-39-05.  
 Water level has been added.