

# 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:

County: Leflore  
Permit #: OW 41084  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-20-06

Aquifer: \_\_\_\_\_  
Well #: B-123  
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>Blue Lake Farms</u>	Latitude: <u>33.45.13.4</u> Longitude: <u>90.20.19.0</u>
Mailing Address: <u>c/o Gary Reynolds</u> <u>3120 Stagecoach Trail</u> <u>Wimauma FL 33598</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW ¼ se ¼ Sec 19 Twn 22N Rng 1W</u>
Telephone No. ( ) _____	Distance <u>2</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: 5-20-06 Date well drilling completed: 5-20-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 31' feet above or below (circle one) land surface Date measured: 5-22-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 75 feet Casing diameter: 16 inches Type of casing: Sch. 40  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: Sch. 40  
Screen slot size: .050 inches Setting depth: From 76 feet to 115 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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BY: OLWR



# STATE WELL REPORT

## Part 2

County: Leflore  
 Permit #: OW 41084  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-20-06  
*Copy information from block on Part 1*

**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 #: B-123  
 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>Blue Lake Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Gary Reynolds</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>3120 Stagecoach Trail</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wimauma FL 33598</u>	SW <u>¼</u> se <u>¼</u> Sec <u>19</u> T <u>22N</u> R <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>2</u> <u>West</u> <u>Minter City</u>
	Miles _____ of _____

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>5-22-06</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): _____ 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

Form: OLWR-SWR-1B

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JUN 01 2006

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