

# 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)

County: Leflore  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 3-7-09

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-132  
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>Chacon Ag Services, Inc</u>	Latitude: <u>33° 45' 80" N</u> Longitude: <u>090° 19' 50" W</u>
Mailing Address: <u>355 North Ruby Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>48</u>
<u>Ruleville</u> <u>MS</u> <u>38771</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 20 Twn 22N Rng 1 W</u>
Telephone No. <u>(662) 756-4119</u>	Distance <u>2 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Mintercity</u>

**Well Data**

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

Date well drilling started: 3-7-09 Date well drilling completed: 3-7-09

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 3-7-09

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 80 feet to 100 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: - 0 - 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

Willie L. Bryant 0-639 Willie L. Bryant  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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APR 06 2009  
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)354-6938 (fax)

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Bryant  
 Date completed: 3-7-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-132  
 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>Chacon Ag Services</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>355 North Ruby Ave</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Ruleville MS 38771</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <del>20</del> Twn <u>22N</u> Rng <u>1W</u>
Telephone No. ( <u>662-756-4119</u> )	Distance Direction <u>19</u> Nearest Town
	_____ Miles _____ of <u>Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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 Moto</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>1/2</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10±</u> Gallons Per Minute	Number of Stages: <u>6</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
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.

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

[Signature]  
 Signature of Pump Installer

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APR 20 2009

E.Y. OLIVER