

County: Leflore  
 Permit #: GW-46111 ✓  
 Driller: Irrigation Equipment  
 Date drilling completed: 04/21/2012

**State Well Report**  
**Part 1 – Driller’s Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601) 961-5210  
 (601) 961-5228 (fax)

**For Office Use Only:**

Aquifer: C 177  
 Well #: \_\_\_\_\_  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>James Beckum Jr.</u>	Latitude: <u>33 ° 43 ' 08 "</u> Longitude: <u>90 ° 21 ' 57 "</u>
Mailing Address: <u>3506 County Road 522</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Minter City</u> <u>Ms</u> <u>38944</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City                                      State                      Zip code	<u>NE</u> ¼ <u>NE</u> ¼    Sec <u>2</u> ✓    Twn <u>21N</u> ✓    Rng <u>2W</u> ✓
Telephone No.    (    )    -    _____	<u>SE</u> Distance                                      Direction                                      Nearest Town
	<u>4</u> Miles <u>Southwest</u> of <u>Minter City</u>

**Well / Borehole Data**

Date drilling started: 04/21/2012    Date drilling completed: 04/21/2012    Hole depth: 119    Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable):  No log run     Electric     Gamma Ray     Density     Sonic     Neutron     Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one):  Water Well     Geotechnical/Geological Investigation     Ground Source Heat Pump

Seismic Survey     Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 40 feet above or below (check one)  land     surface    Date measured: 04/23/2012

Method of Measurement (check one)  steel tape     electric tape     air line     other: \_\_\_\_\_

Well depth: 119    Well grouted to a depth of 10 feet    Type of grout (check one):  Neat Cement     Bentonite     Mix

Casing length: 79 feet    Casing diameter: 16 inches    Type of casing: PVC

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

Screen slot size: .050 inches    Setting depth: From 80 feet to 119 feet

Type of completion (check 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 next page*

Form: OLWR-SWR-1A (04/08)

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# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601) 961-5210  
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Leflore  
Permit #: GW-46111  
Driller: Irrigation Equipment  
Date drilling completed: 04/21/2012  
*Copy information from block on Part 1*

*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>James Beckum Jr.</u>	Latitude: <u>33 43' 08.6 N</u> Longitude: <u>90 21' 57.6 W</u>
Mailing Address: <u>3506 County Road 522</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Minter City</u> <u>Ms</u> <u>38944</u>	<u>NE 1/4 NE 1/4</u> Sec <u>2</u> T <u>21N</u> R <u>2W</u>
City State Zip code	Distance Direction Nearest Town
Telephone No. ( ) -	<u>4</u> Miles <u>Southwest</u> of <u>Minter City</u>

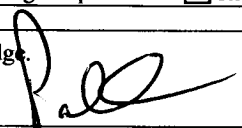
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>04/23/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick Chism 0695  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

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Form: OLWR-SWR-1C(07-09)

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