

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 #: D-184
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: MS-60-40104
Driller: Irrigation Equipment
Date drilling completed: 4-16-05

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>John Henderson</u>	Latitude: <u>33</u> ¹² <u>.12N</u> , Longitude: <u>90</u> ¹⁹ <u>.23W</u>
Mailing Address: <u>20062 County Road 522</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Minter City, MS 38944</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE <u>1/4</u> NW <u>1/4</u> Sec <u>8</u> Twn <u>21N</u> Rng <u>1W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>South</u> of Nearest Town <u>Minter City</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	RECEIVED
Date well drilling started: <u>4-16-05</u> Date well drilling completed: <u>4-16-05</u>	APR 29 2005
If flowing, method of flow regulation: Valve _____ Other (describe) _____	BY: OLWR
Static Water Level: <u>18'</u> feet above or below (circle one) land surface Date measured: <u>4-16-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>114'</u> Well depth: <u>114'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>74</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Sch. 40 PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>Sch. 40 PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>74</u> feet to <u>114</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 applicables): <u>No log run</u> 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

Owner contracted with Kelly Vest (Rt. 1, Box 217-5, Coila, MS 38923).
Mailed Part 2 and a copy of Part 1 to Kelly Vest 4-27-05.

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 #: GW40104
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: D-184
 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>John Henderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20062 County Road 522</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Minter City, MS 38944</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8 Twn 21N Rng 1W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles South of Minter City</u>

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>55</u>
Date Pump Installed: <u>4/18/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>3</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.

Kelly Vest 0-0452 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer