

# State Well Report

## Part 1

County: Leflore  
 Permit #: 6W 40460  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 6-16-05

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 #: E-84  
 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>Becca LLC</u>	Latitude: <u>33.3834.2</u> Longitude: <u>90.11.58.3</u>
Mailing Address: <u>c/o Wildwood Farms</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>1005 River Birch Cove</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood, MS 38930</u>	SE <u>33</u> NE <u>21N</u> 1E
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SE</u> of <u>Money</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other Replacement

Date well drilling started: 6-16-05 Date well drilling completed: 6-16-05

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

Static Water Level: 16' feet above of below (circle one) land surface Date measured: 6-23-05

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

Hole depth: 110 Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 71 feet to 110 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. \_\_\_\_\_ Signature of Water Well Contractor Patrick M. Chism

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JUL 08 2005

BY: 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 #: \_\_\_\_\_  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 6-23-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-84  
 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>Becca LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Wildwood Farms</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>1005 River Birch Cove</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Greenwood, MS 38930</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>21N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>SE</u> of <u>Money</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary <input type="radio"/> Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>200</u>
Date Pump Installed: <u>6-23-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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

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JUL 08 2005

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# State Well Report

## Part 1

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 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:

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Well #: E-84

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

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 Permit #: kw 40460  
 Irrigation Equipment  
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<u>1005 River Birch Cove</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood, MS 38930</u>	<input checked="" type="radio"/> SW <input type="radio"/> NE <input type="radio"/> SE <input type="radio"/> NW <u>33</u> <u>21N</u> <u>1E</u>
City State Zip Code	<u>1/4</u> Sec <u>1/4</u> Twn <u>1/4</u> Rng
Telephone No. <u>(662) 453 6100</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SE</u> of <u>Money</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other Replacement

Date well drilling started: 6-16-05 Date well drilling completed: JUL 16 2005

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) YMD JOINT WATER MANAGEMENT DISTRICT

Static Water Level: 16' feet above or below (circle one) land surface Date measured: 7/16/05

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

Hole depth: 110 Well depth: 110' Well grouted to a depth of 10 feet

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Irrigation Equipment Inc.  
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Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor Patrick M. Chism

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