

# 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 #: F-176  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 6W41402  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-13-06

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>Live Oaks Planting Company</u>  | Latitude: <u>33 37 32.5N</u> Longitude: <u>90 31 01.9W</u>                |
| Mailing Address: <u>23939 County Road 523</u> | Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>02</u> |
| <u>Schlater MS 38952</u>                      | USGS quad, Hand-held GPS, Survey-grade GPS                                |
| City State Zip Code                           | NE SE 1 20N Rng 2W  |
| Telephone No. ( ) <u>662-254-7322</u>         | Distance Direction Nearest Town   |
|   | <u>1 Miles South of Schlater</u>  |

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 11-13-06 Date well drilling completed: 11-13-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 40' feet above or below (circle one) land surface Date measured: 11-14-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 124 Well depth: 124 Well grouted to a depth of 10' feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 74 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40  
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40  
Screen slot size: .050 inches Setting depth: From 75 feet to 124 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

*Patrick M Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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 #: 6W41402  
 Irrigation Equipment  
 Driller:  
 Date completed: 11-13-06

**For Office Use Only:**

Aquifer:  
 Well #: F-176  
 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>Live Oaks Planting Company</u><br>Mailing Address: <u>23939 County Road 523</u><br><br><u>Schlater</u> MS 38952<br>City State Zip Code<br><u>662-254-7322</u><br>Telephone No. ( ) _____ | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey,<br><input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS<br><u>NE</u> ¼ <u>SE</u> ¼ Sec <u>1</u> Twn <u>20N</u> Rng <u>2W</u><br>Distance Direction Nearest Town<br><u>1</u> Miles <u>South</u> of <u>Schlater</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift                      Jet                      Submersible<br>Bucket                      Piston <u>Turbine</u><br>Centrifugal                      Rotary                      Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>11-14-06</u><br>Rated Pump Capacity: <u>2500±</u> Gallons Per Minute | <u>Diesel Engine</u> Gasoline Engine                      Natural Gas<br>Electric Motor                      Hand                      Tractor PTO<br>Windmill                      Other (specify): _____<br>Horse Power Rating of Motor: <u>60</u><br>Setting Depth: <u>70</u> feet<br>Number of Stages: <u>1</u> |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____<br>Static Water Level (A): _____ Feet Below Land Surface<br>Pumping Water Level (B): _____ Feet Below Land Surface<br>Drawdown [(B) - (A)]: _____ Feet Below Land Surface<br>Test Pumping Rate: _____ Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line                      Electric Measuring Line                      Steel Tape<br>Other (specify): _____<br>For flowing well, measured shut in head: _____ feet<br>Well yielded _____ GPM with a drawdown of<br>_____ feet after _____ hours of pumping |

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

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

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 BY: OLWA