

# 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 #: OW 41597  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-8-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-180  
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>Four Farms/William Patridge</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 194</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Schlater MS 38952</u>	<u>NE 1/4 SE 1/4 Sec 810 Twn 20N Rng 2W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles _____ Direction: _____ of _____ Nearest Town: _____
Telephone No. (____) _____	<u>4 Miles SW of Schlater</u>

**Well Data**

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

Date well drilling started: 3-8-07 Date well drilling completed: 3-8-07

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

Static Water Level: 52' feet above or  below (circle one) land surface Date measured: 3-9-07

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

Hole depth: 119 Well depth: 119 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 79 feet Casing diameter: 10 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC160

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

RECEIVED  
MAR 30 2007  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: F-180

Elevation: \_\_\_\_\_

County: Leflore  
 Permit #: GW 4097  
 Irrigation Equipment  
 Diller: \_\_\_\_\_  
 Date completed: 3-8-07

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>Four Farms/William Patridge</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 194</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Schlater MS 38952</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>1/4 1/4 Sec 9 Twn 20N Rng 2W</u>
<u>662-658-4811</u>	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>4 Miles SW of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-9-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150±</u> Gallons Per Minute	Number of Stages: <u>1</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.

Patrick M. Chism 0695 Pat M Chism RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer MAR 30 2007

BY: OLWR