

# 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 #: E-125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 6W41339  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-21-06

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	
Live Oaks Planting Company			
Owner Name _____		Latitude: <del>33 43 28.1</del> <u>33 37 42</u> Longitude: <del>90 34 09.4</del> <u>90 20 30</u>	
Mailing Address: <u>23939 County Road 523</u>		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS	
Schlater MS 38952		SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 6 Twp 20N Rng 1W	
City _____ State _____ Zip Code _____		Distance _____ Direction _____ Nearest Town _____	
Telephone No. <u>662-254-7322</u>		<u>1</u> Miles <u>South of</u> <u>Schlater</u>	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>9-21-06</u>	Date well drilling completed: <u>9-21-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>39'</u> feet above or below (circle one) land surface Date measured: <u>9-26-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>136</u>	Well depth: <u>136</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>76</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>60</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>136</u> 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): <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  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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OCT 13 2006  
BY: OLWR

### Ground Level

**If more than one screen, show location of each on sketch**

Landowner Name: \_\_\_\_\_

Patrick M. Chan  
Signature of Water Well Contractor

# 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 #: QW 41339  
Driller: Irrigation Equipment  
Date completed: 9-21-06  
*Copy information from block on Part 1*

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: Q-125  
Elevation: \_\_\_\_\_

*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>Live Oaks Planting Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Schlater MS 38952</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>6</u> T <u>20N</u> R <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
<u>662-254-7322</u>	<u>1</u> Miles <u>South</u> of <u>Schlater</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-26-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</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

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

Patrick M Chism  
Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED  
OCT 13 2006  
BY: OLWR