

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 #: 6W43504
Irrigation Equipment
Driller: _____
Date drilling completed: 10-1-09

For Office Use Only:
Aquifer: _____
Well #: 0.134
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>Colin Reed</u>	Latitude:	<u>33.33.27.9</u>
Mailing Address:	<u>C/O Samed Farms</u>	Longitude:	<u>90.15.40.6</u>
	<u>13455 County Rd. 539</u>	Method of Lat/Long (circle one):	<u>Conventional Survey</u>
	<u>Greenwood Ms. 38930</u>		USGS quad, Hand-held GPS, Survey-grade GPS
City	State	Zip Code	
Telephone No.	<u>(662) 299-4269</u>	Distance	Direction
		<u>2</u> Miles	<u>NW</u> of <u>Greenwood</u>
		Nearest Town	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>10-1-09</u> Date well drilling completed: <u>10-1-09</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>29</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>10-1-09</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>125</u> Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>85</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>125</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 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. John P. Chism 0439			
Print Name of Water Well Contractor and License No. _____			
Signature of Water Well Contractor <u>John R</u>			

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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 #: 6W43504
 Irrigation Equipment
 Driller: _____
 Date completed: 10-1-09

For Office Use Only:

Aquifer: _____
 Well #: C-15A
 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.

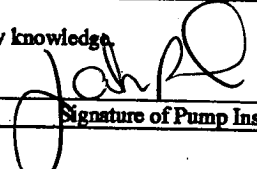
Well Owner Information	Well Location
Owner Name: <u>Colin Reed</u> Mailing Address: <u>C/O Samed Farms</u> <u>13455 County Rd 539</u> <u>Greenwood Ms. 38930</u> <small>City State Zip Code</small> Telephone No. <u>(662) 299-4269</u>	Latitude: <u>33-33-38</u> Longitude: <u>90-15-41</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 35 Twn 20N Rng 1W</u> Distance Direction Nearest Town <u>2 Miles NW of Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>10-1-09</u> Rated Pump Capacity: <u>1600 ±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

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

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

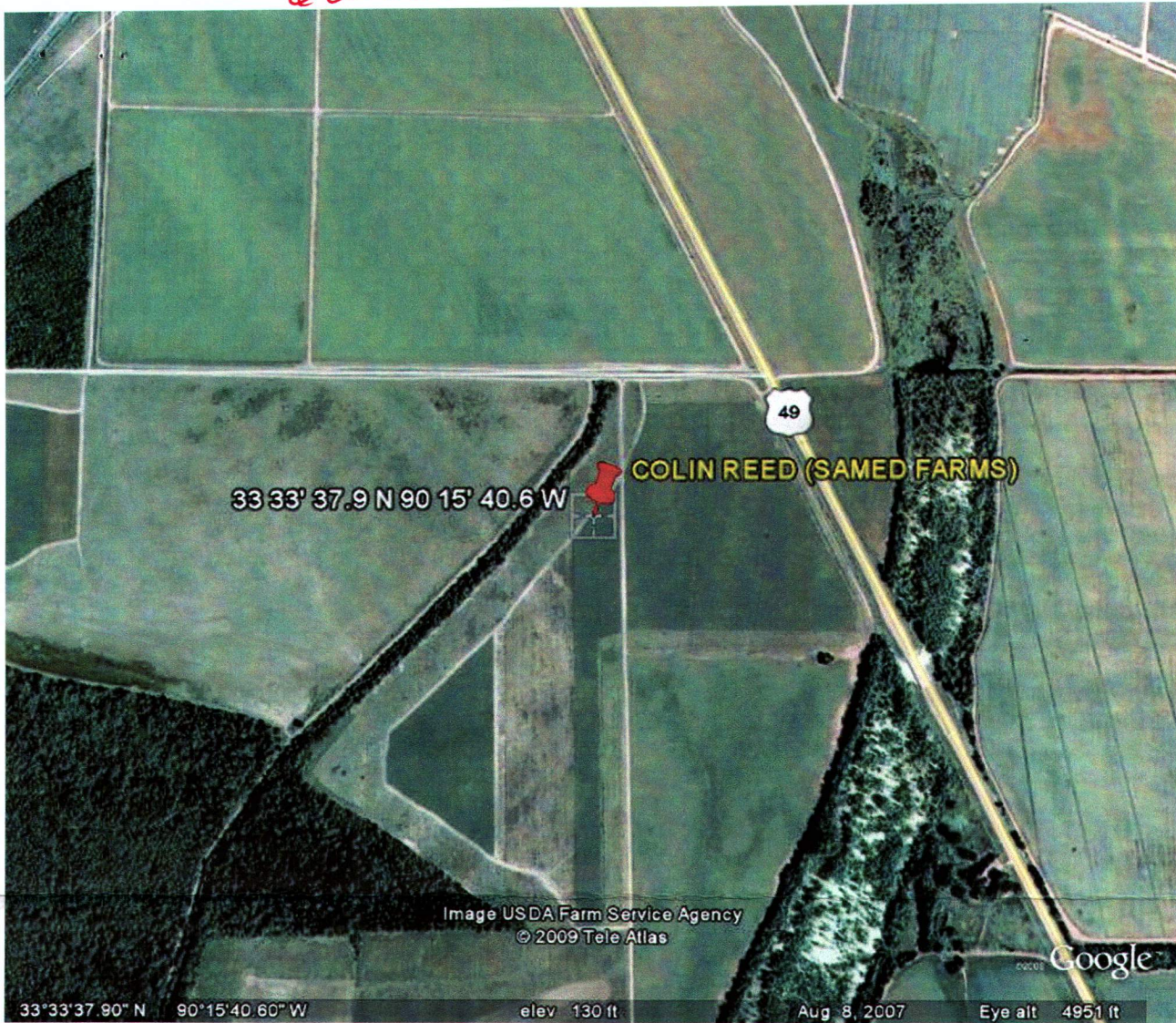
John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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