

SEP-28-2005 15:43 From:

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To: 360 0535

P.2/4

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State Well Report

Part I

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 #:	#146 H145
L. S. Elevation:	
E-log #:	

County:	<u>Leflore</u>
Permit #:	<u>GW16222</u>
Driller:	<u>Mike Wells</u>
Date drilling completed:	<u>9-2-05</u>

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.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>Leflore County Board of Supervisors - Willowood Gin Well</u></p> <p>Mailing Address: <u>310 West Market St.</u> <u>Greenwood, MS 38930</u> City State Zip Code</p> <p>Telephone No. <u>(662) 398-5121</u></p>	<p align="center">Well Location</p> <p>Latitude: <u>33° 31' 00"</u> Longitude: <u>90° 14' 00"</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS <u>10</u></p> <p><u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>7</u> 1/2 Twn <u>20N</u> Rng <u>1E</u></p> <p>Distance Direction Nearest Town Miles of <u>Willowood</u></p>
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Well Data

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

Date well drilling started: 9-2-05 Date well drilling completed: 9-2-05

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 9-2-05

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 Steel w/ Epoxy

Casing length: 74 feet Casing diameter: 16 inches Type of casing: Casing on inside

Screen length: 50 feet Screen diameter: 16 inches Type of screen: Stainless Steel

Screen slot size: 0.050 inches Setting depth: From 74 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: N/A 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.

Thomas G. Christmas 0-703 Thomas G. Christmas
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

located @
15109 CR 626, Greenwood, MS

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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 #: H-146 145

Elevation: _____

County: Leflore
 Permit #: GN16222
 Driller: Mike Wells
 Date completed: 9-2-05

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>Leflore County Board of Supervisors - Wildwood Gin well</u>	Latitude: <u>33-31-00</u> Longitude: <u>90-14-43</u>
Mailing Address: <u>310 West Market St.</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	<u>NE 1/4 NE 1/4 Sec 7 T2N R20W</u>
Telephone No. <u>(662) 398-5121</u>	Distance Direction Nearest Town
	<u>4 Miles SW of Money, MS</u>

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>200</u>
Date Pump Installed: <u>9-20-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2350</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>19</u> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Thomas G. Chestman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chestman
 Signature of Pump Installer

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 SEP 29 2005
 BY: OLWR

