

# 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 #: J157  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 41850  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-16-07

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>Bo Prestidge</u>	Latitude: <u>33.30.30.1</u> Longitude: <u>90.21.01.5</u>
Mailing Address: <u>37301 CR 523</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>13</u> Twn <u>19N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>2</u> Miles <u>NE</u> of <u>Itta Bena</u>

Well Data

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

Date well drilling started: 5-16-07 Date well drilling completed: 5-16-07

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 5-16-07

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 16 inches Type of casing: PVC Sch 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch 40

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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

Signature of Water Well Contractor: [Signature]

Print Name of Water Well Contractor and License No. \_\_\_\_\_

RECEIVED  
JUL - 2 2007  
YMD JOINT WATER  
MANAGEMENT DISTRICT

41850

# State Well Report

## Part 1

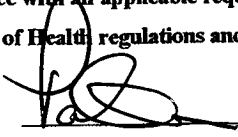
Mississippi Department of Environmental Quality  
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(601)961-5210  
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For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-157  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 6W41850  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-16-07

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>Bo Prestidge</u>	Latitude: <u>33° 30' 30.1"</u> Longitude: <u>90° 21' 01.5"</u>
Mailing Address: <u>37301 CR 523</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u> City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>13</u> Twn <u>19N</u> Rng <u>2W</u>
Telephone No. ( ) _____	Distance <u>2</u> Miles <u>NE</u> Direction of <u>Itta Bena</u> Nearest Town
<b>Well Data</b>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>5-16-07</u> Date well drilling completed: <u>5-16-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>33</u> feet above or below (circle one) land surface Date measured: <u>5-16-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>126</u> Well depth: <u>126</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch 40</u>	
Screen length: <u>40</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>87</u> feet to <u>126</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. Patrick M. Chism 0695	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

GW41850

J-157

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	39
Fine Sand + Gravel	40	50
Medium Sand + Gravel	51	124
Clay	125	126

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Bo Prestidge

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 #: 6W41850  
 Driller: \_\_\_\_\_  
 Date completed: 5-16-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-157  
 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.

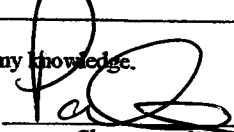
Well Owner Information	Well Location
Owner Name: <u>Bo Prestidge</u> Mailing Address: <u>37301 CR 523</u>  <u>Schlater Ms. 38952</u> <small>City State Zip Code</small>  Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec 13 Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>2 Miles NE of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal   Rotary              Flowing Well Other (specify): _____ Date Pump Installed: <u>5-16-07</u> Rated Pump Capacity: <u>2200<sup>±</sup></u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</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.

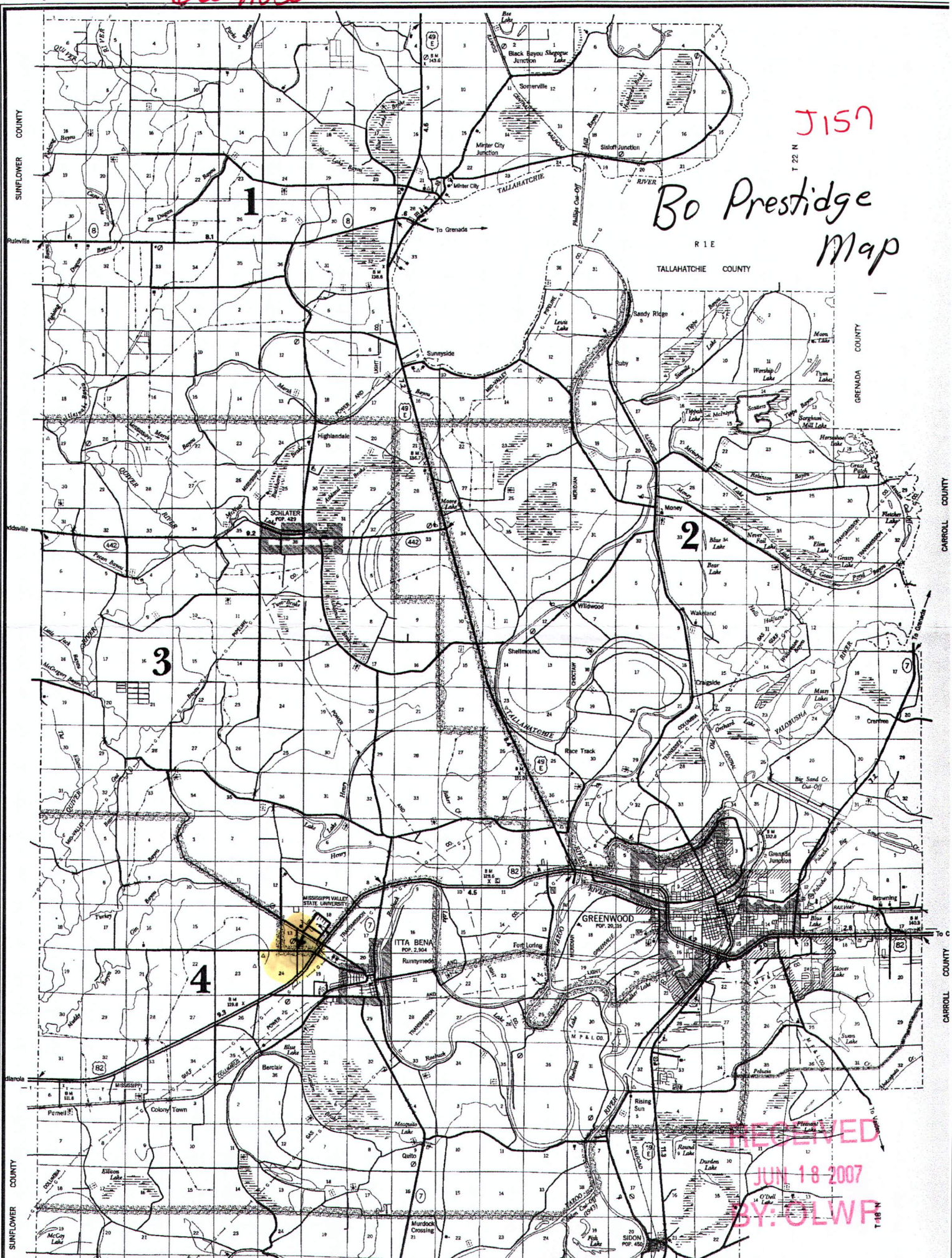
Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

6W41850

J157

# Bo Prestidge Map



RECEIVED  
 JUN 18 2007  
 BY: OLWR