

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 #: J-171
 L. S. Elevation: _____
 E-log #: _____

Leflore
 #: 6W43172
 Irrigation Equipment
 Date drilling completed: 4/22/09

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>Steve Scott Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22729 Hwy 82 West</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Itta Bena Ms. 38941</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 25 Twn 19N Rng 2W</u>
Telephone No. () <u>602-254-7849</u>	Distance Direction Nearest Town <u>2 Miles SW of Itta Bena</u>

Well Data

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

Date well drilling started: 4/22/09 Date well drilling completed: 4/22/09

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 4/22/09

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 37 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 122 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism
 Signature of Water Well Contractor

RECEIVED

MAY - 8 2009

YMD JOINT WATER
 MANAGEMENT DISTRICT

43172

County: Leflore
 Permit #: 6W 43172
 Irrigation Equipment
 Driller:
 Date drilling completed: 4/22/09

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 #: J-171
 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>Steve Scott Farms</u>	Latitude: " " Longitude: " "
Mailing Address: <u>22729 Hwy 82 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena Ms. 38941</u>	<u>SE 1/4 SW 1/4 Sec 25 Twn 19N Rng 2W</u>
City: <u>Itta Bena</u> State: <u>Ms.</u> Zip Code: <u>38941</u>	Distance: <u>2</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Itta Bena</u>
Telephone No. (<u>662</u>) <u>254-7849</u>	

Well Data

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

Date well drilling started: 4/22/09 Date well drilling completed: 4/22/09

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 4/22/09

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 37 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 122 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

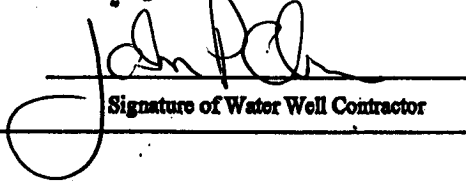
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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.
 John P. Chism 0439


 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
 APR 30 2009
 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 #: 6W43172
 Irrigation Equipment
 Dealer: _____
 Date completed: 4/22/09

For Office Use Only:

Aquifer: _____
 Well #: J-171
 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>Steve Scott Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22729 Hwy 82 West</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Itta Bena Ms. 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 25 Twn 19N Rng 2W</u>
Telephone No. (<u>662-254-7849</u>)	Distance Direction Nearest Town
	<u>2 Miles SW of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4/22/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Number of Stages: <u>2</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.

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

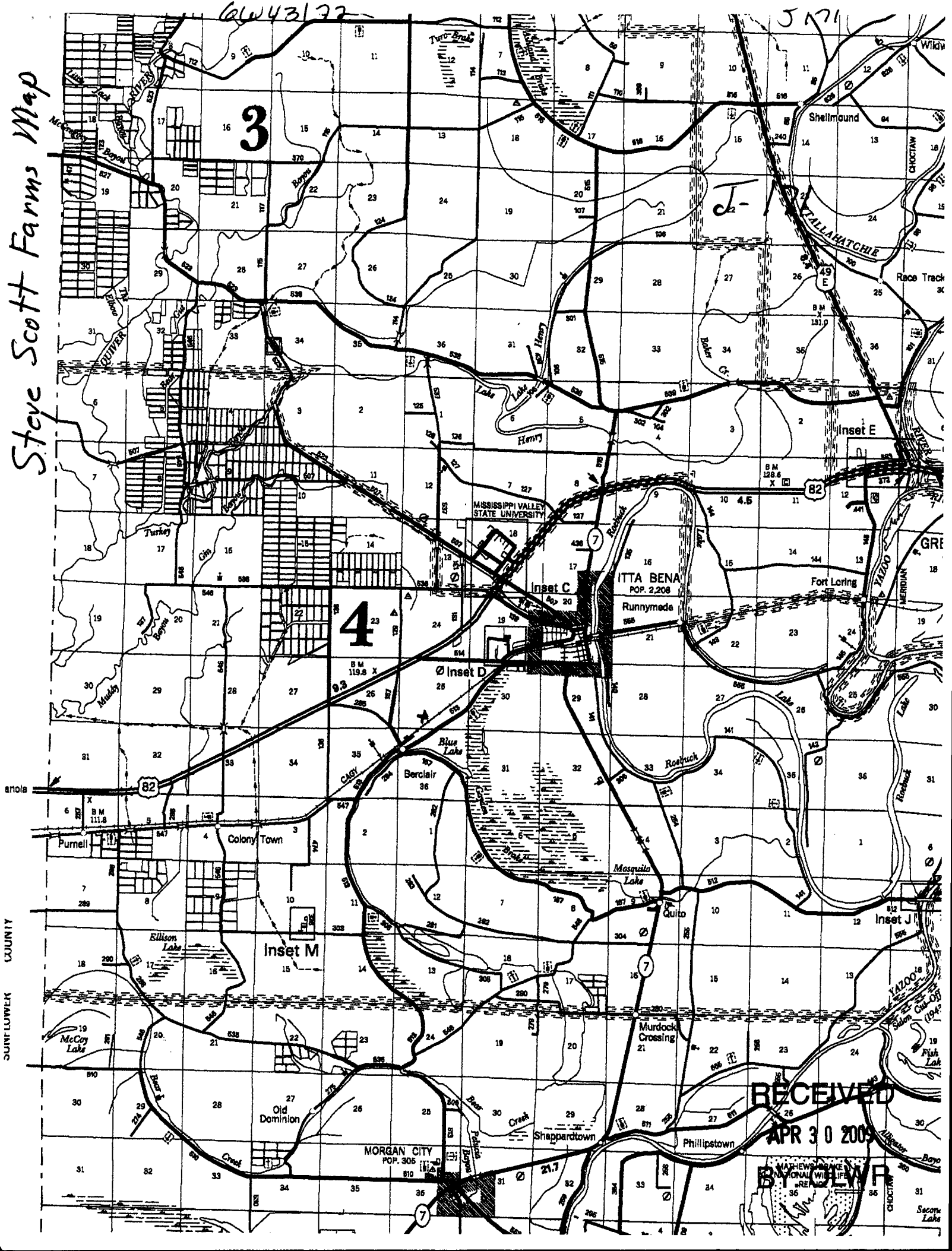
John P. Chism
 Signature of Pump Installer

RECEIVED
 APR 30 2009
 BY: OLWR

Stoye Scott Farms Map

2643132

5711



RECEIVED
APR 30 2009

BY CHWR

QUINT LOWER COUNTY

MORGAN CITY
POP. 305

Secora Lake