

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 #: K-129
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW 41744
Irrigation Equipment
Driller: _____
Date drilling completed: 4-4-07

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>AMSOUTH</u>	Latitude: <u>33° 32' 27.8"</u> Longitude: <u>90° 14' 37.4" W</u>
Mailing Address: <u>c/o Bob Morgan</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Box 548</u>	<u>SE 1/4 NE 1/4</u> Sec <u>1</u> Twn <u>19N</u> Rng <u>1W</u>
<u>Greenwood MS 38930</u>	Distance <u>1</u> Miles Direction <u>North</u> of Nearest Town <u>Greenwood</u>
City <u>Greenwood</u> State <u>MS</u> Zip Code <u>38930</u>	<u>Loggins Place</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 4-4-07 Date well drilling completed: 4-4-07

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

Static Water Level: 29 feet above of below (circle one) land surface Date measured: 4-5-07

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 10 inches Type of casing: PVC 1/2"

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 1/2"

Screen slot size: 1050 inches Setting depth: From 84 feet to 123 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): _____

RECEIVED
APR 27 2007
BY: OLWR

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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

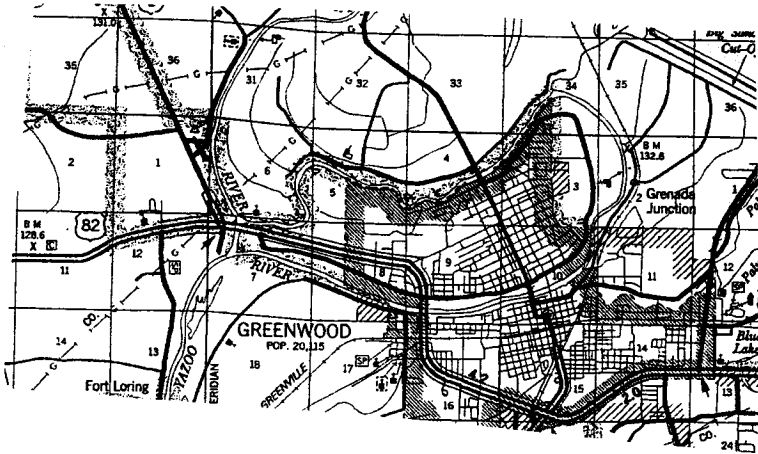
If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Clay	0	20
Fine sand	21	35
Fine sand + gravel	36	48
medium sand + gravel	49	123

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: _____

Patrick McEl
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 #: 6W41744
 Irrigation Equipment
 Driller: _____
 Date completed: 4-4-07

For Office Use Only:

Aquifer: _____
 Well #: K-129
 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>AmSouth</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Bob Morgan</u> <u>Box 548</u> <u>Greenwood MS 38930</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>1N</u> Rng <u>1W</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u> RECEIVED
Date Pump Installed: <u>4-5-07</u>	Setting Depth: <u>70</u> APR 27 2007
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u> BY: OLWR

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 _____ 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.

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