

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 #: K-130
L. S. Elevation:
E-log #:

County: Leflore
Femil #: 6040552
Irrigation Equipment
Driller:
Date drilling completed: 6-18-07

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: Ms. Valley State University, 14000 Hwy 82 West, Itta Bena, MS, 38941. Well Location: Latitude 33.30329, Longitude 90.20257, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SW 1/4 Sec 18, Twn 19N, Rng 1W, Distance 2 Miles, Direction NW, Nearest Town Itta Bena.

Well Data: Pond, Old Well 20' SW. Purpose of Well: Irrigation, Replacement. Date well drilling started: 6-18-07, Date well drilling completed: 6-18-07. Static Water Level: 44 feet above or below land surface, Date measured: 6-18-07. Method of Measurement: steel tape. Hole depth: 126, Well depth: 126, Well grouted to a depth of 10 feet. Type of grout: Bentonite. Casing length: 86 feet, Casing diameter: 12 inches, Type of casing: PVC. Screen length: 40 feet, Screen diameter: 12 inches, Type of screen: PVC. Screen slot size: .050 inches, Setting depth: From 87 feet to 126 feet. Type of completion: Gravel packed. Top of lap pipe or reduction in casing: feet. Logs run: No log run.

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

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K-130

If well telescopes please sketch below and show depths.

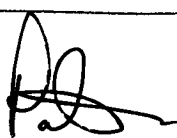
Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	35
Fine Sand + Gravel	36	51
Medium Sand + Gravel	52	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: Ms. Valley State University


 Signature of Water Well Contractor

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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)

County: Leflore
 Permit #: _____
 Driller: _____
 Date completed: 6-18-07

For Office Use Only:

Aquifer: _____
 Well #: K-130
 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.

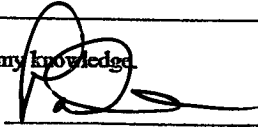
Well Owner Information	Well Location
Owner Name: <u>Ms. Valley State University</u> Mailing Address: <u>14000 Hwy 82 West</u> <u>Itta Bena Ms. 38941</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 18 Twn 19N Rng 1W</u> Distance Direction Nearest Town <u>2 Miles NW of Itta Bena</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20</u> Setting Depth: <u>60</u> feet Number of Stages: <u>3</u>
Date Pump Installed: <u>6-18-07</u> Rated Pump Capacity: <u>750 ±</u> Gallons Per Minute	

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)

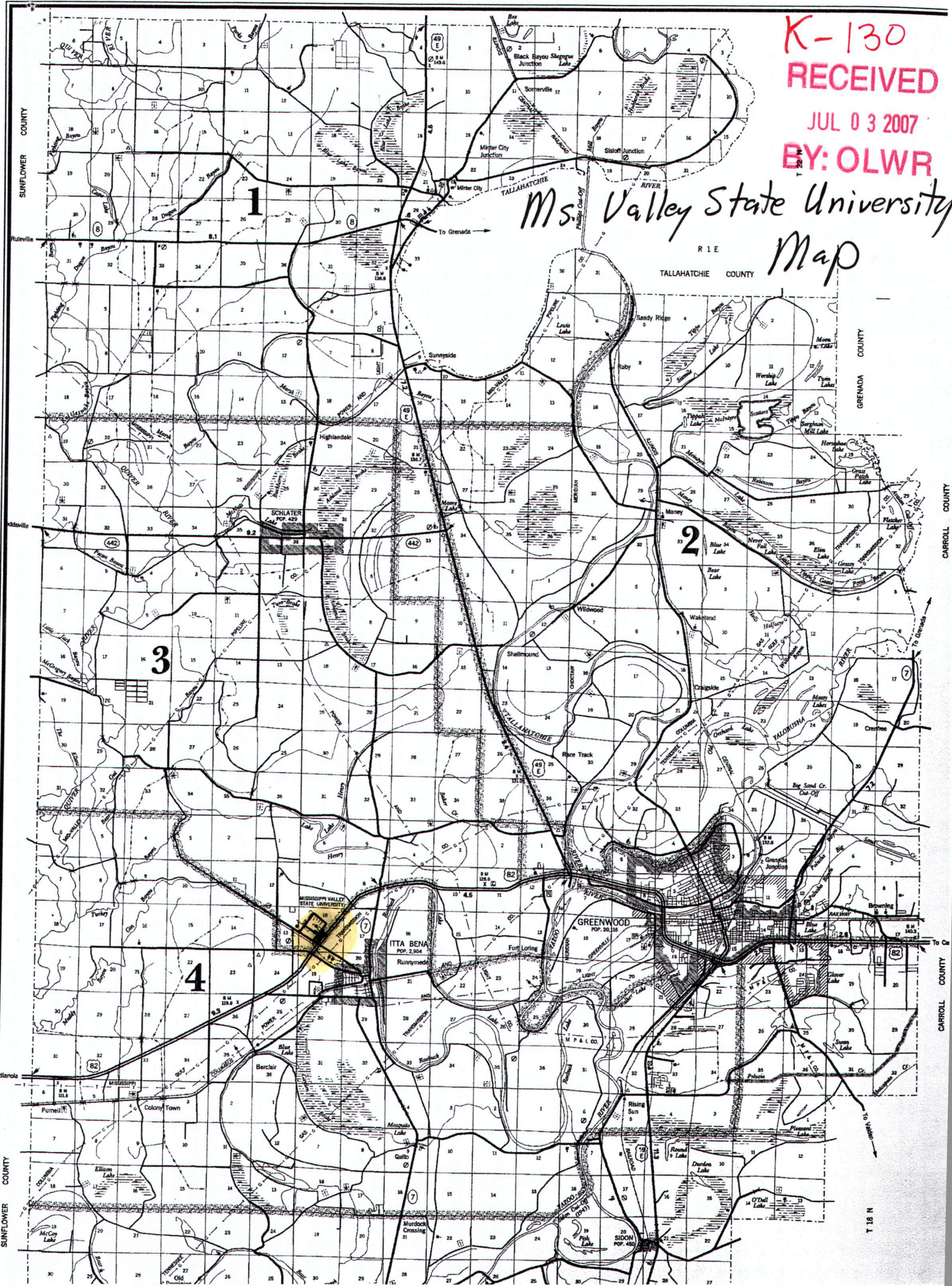

 Signature of Pump Installer

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Ms. Valley State University
Map



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