

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)

County: Leflore
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 9-19-05

For Office Use Only:

Aquifer: _____
Well #: M-107
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>Bob Henderson</u>	Latitude: <u>33. 27. 57</u> N	Longitude: <u>90 22 27</u> W
Mailing Address:	<u>Rt. 1, Box 368</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	
Telephone No. ()			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other</u> Lake / Pond			
Date well drilling started: <u>9-19-05</u>		Date well drilling completed: <u>9-19-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>37</u> feet above or below (circle one) land surface		Date measured: <u>9-20-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>124</u> feet	Well depth: <u>124</u> feet	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>84</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>80</u> feet to <u>120</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		<u>Patrick M. Chism</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWR

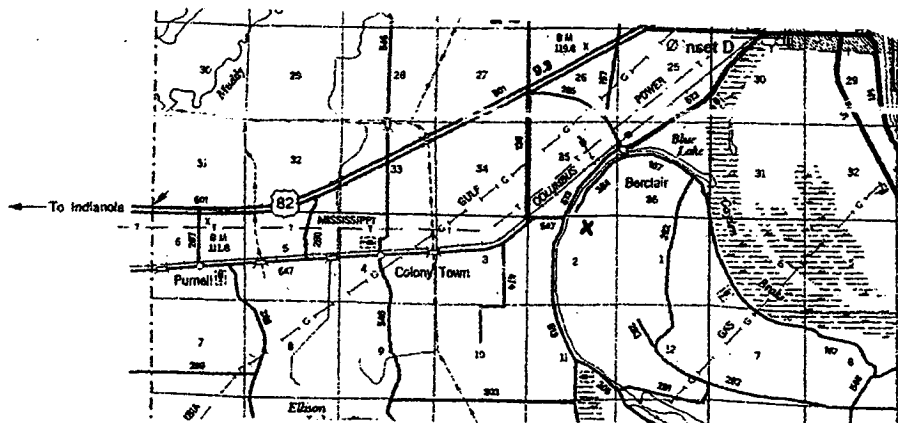
M-

Abstract

[illegible]

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: _____

Patsy M Chin
Signature of Water Well Contractor

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 #: _____
Driller: Irrigation Equipment
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: M-107
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>Bob Henderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rt.1, Box 368</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Greenwood, MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW NE ¼ Sec 2 Twn 18N 2W
Telephone No. ()	Distance Direction Nearest Town
	2 Miles East of Colony Town

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: _____
Date Pump Installed: <u>9-20-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ 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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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