

# 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 #: M-109  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 6W-41024  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-25-06

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>Bear Creek Fisheries</u>        | Latitude: <u>33. 27. 00. 8</u> Longitude: <u>90. 26. 31. 3</u>                   |
| Mailing Address: <u>Box 646</u>               | Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>31</u>          |
| <u>Moorhead, MS 38761</u>                     | USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS                                |
| City State Zip Code                           | SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>6</u> Twn <u>18N</u> Rng <u>2W</u>      |
| Telephone No. ( <u>662</u> )- <u>246-5602</u> | Distance <u>2</u> Miles Direction <u>West</u> of Nearest Town <u>Colony Town</u> |

| Well Data   |  |
|---|--|
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> <u>Pond 29 Replacement</u> |  |
| Date well drilling started: <u>4-25-06</u>  | Date well drilling completed: <u>4-25-06</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |
| Static Water Level: <u>47'</u> feet above or <u>below</u> (circle one) land surface   | Date measured: <u>4-26-06</u>                |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____  |  |
| Hole depth: <u>134'</u> Well depth: <u>134'</u> Well grouted to a depth of <u>10</u> feet   |  |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |  |
| Casing length: <u>94</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>95</u> feet to <u>134</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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR



# STATE WELL REPORT

## Part 2

County: Leflore  
 Permit # OW 41024  
Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-25-06  
*Copy information from block on Part 1*

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-109  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

| Well Owner Information                  | Well Location   |
|---|---|
| Owner Name: <u>Bear Creek Fisheries</u> | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>Box 646</u>         | Method of Lat/Long (check one): Conventional Survey _____               |
| <u>Moorhead MS 38761</u>                | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____            |
| City State Zip Code                     | SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>6</u> T <u>18N</u> R <u>2W</u> |
| Telephone No. ( ) <u>662-246-5602</u>   | Distance Direction Nearest Town   |
|   | <u>2</u> Miles <u>West</u> of <u>Colony Town</u>                        |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                            |
|---|---|
| Air Lift      Jet      Submersible                  | Diesel Engine      Gasoline Engine      Natural Gas |
| Bucket      Piston <u>Turbine</u>                   | <u>Electric Motor</u> Hand      Tractor PTO         |
| Centrifugal      Rotary      Flowing Well           | Windmill      Other (specify): _____                |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>40</u>              |
| Date Pump Installed: <u>4-26-06</u>                 | Setting Depth: <u>70</u> feet                       |
| Rated Pump Capacity: <u>1800</u> Gallons Per Minute | Number of Stages: <u>2</u>                          |

| Pump Test Data   | Method of Measuring Water Level<br>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)

Patrick M. Chism  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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MAY 04 2006

BY: OLWR