

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-115
L. S. Elevation:
E-log #:

County: Leflore
Permit #: 6W41923
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: Charles Bennett, 404 Schley Street, Itta Bena Ms. 38941
Well Location: Latitude: 33° 27' 03.6", Longitude: 90° 21' 23.0"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 1 Twn 18N Rng 2W
Distance 4 Miles SW of Itta Bena

Well Data
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started: 6-18-07 Date well drilling completed: 6-18-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 6-21-07
Method of Measurement (circle one) steel tape electric tape air line other
Hole depth: 119 Well depth: 119 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 79 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 76 feet to 115 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.
Patrick M. Chism 0695
Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor
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GW41923

M-115

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	17
Fine Sand	18	25
Fine Sand + Gravel	26	65
Medium Sand + Gravel	66	115
Fine Sand + Clay	116	119

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: Charles Bennett



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)

For Office Use Only:

Aquifer: _____

Well #: M-115

Elevation: _____

County: Leflore
Permit #: GW 41923
Driller: _____
Date completed: _____

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>Charles Bennett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>404 Schley Street</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena Ms. 38941</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 1 Twn 18N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 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>40</u>
Date Pump Installed: <u>6-21-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400±</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.

Patrick M. Chism 0695

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

[Signature]
Signature of Pump Installer

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