

# 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 #: N-101  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW43600  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 2-18-05

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>Terri Sims</u>	Latitude: <u>33.23.04N</u> Longitude: <u>90.18.34W</u>
Mailing Address: <u>3522 County Road 249</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sidon, MS 38945</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>33</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. ( <u>662-455-5682</u> )	Distance <u>4</u> Miles <u>South</u> Direction of <u>Nearest Town</u> <u>Quitto</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 2-18-05 Date well drilling completed: 2-18-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 18' feet above or below (circle one) land surface Date measured: 2-18-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 116' Well depth: 116' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement  Bentonite  Mix  
Casing length: 76 feet Casing diameter: 10 inches Type of casing: PVC 160  
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160  
Screen slot size: .050 inches Setting depth: From 77 feet to 116 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

Customer contracted with Kelly Vest (Rt.1, Box 217-5, Coila, MS)  
Mailed Part 2, 3-1-05.

RECEIVED  
MAR 04 2005  
BY: OLWR

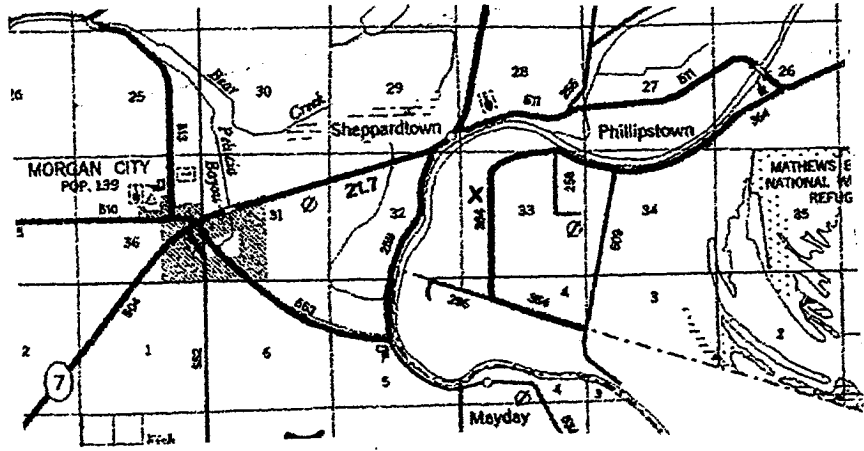
If well telescopes please sketch below and show depths.

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand/gravel	36	56
Med. Sand/gravel	57	116

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 M. Chin  
 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: \_\_\_\_\_  
 Date completed: 4/4/05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-101  
 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>Terri Sims</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3522 County Road 249</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon, MS 38945</u>	<u>SW 1/4 NW 1/4 Sec 33 Twn 18N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662</u> )- <u>455-5682</u>	<u>4</u> Miles <u>South</u> of <u>Quito</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4/4/05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>1</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 _____ 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.

Kelly Vest 0-0452 Kelly Vest  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer