

11111

County: Leflore  
 Permit #: 6W40911  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 3-1-06

### 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-111  
 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>WPK &amp; Son, LLC</u>	Latitude: <u>33 25 42.3</u> , Longitude: <u>90 16 58.4W</u>
Mailing Address: <u>616 Sumner Ave.</u>	Method of Lat/Long (circle one): <u>42</u> Conventional Survey, <u>58</u>
<u>Greenwood, MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 NE 1/4 Sec 15 Twn 18N Rng 1W
Telephone No. ( ) <u>662-455-5848</u>	Distance <u>2</u> Miles Direction <u>SE</u> of <u>Quincy</u>

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 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
 OFFICE OF LAND AND WATER RESOURCES

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_

Date well drilling started: 3-1-06 Date well drilling completed: 3-1-06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 3-2-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 115 Well depth: 115' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

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. \_\_\_\_\_

Patrick M. Chism  
 Signature of Water Well Contractor

40911

**State Well Report  
Part 1**

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Office of Land and Water Resources  
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Aquifer: \_\_\_\_\_  
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County: Leflore  
Permit #: GW 40911  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-1-06

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<u>Greenwood, MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW ¼ NE ¼ Sec <u>15</u> Twn <u>18N</u> Rng <u>1W</u>
<u>662-455-5848</u>	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>SE</u> of <u>Quito</u>

**Well Data**

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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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MAR 13 2006  
**BY: OLWR**

If well telescopes please sketch below and show depths.

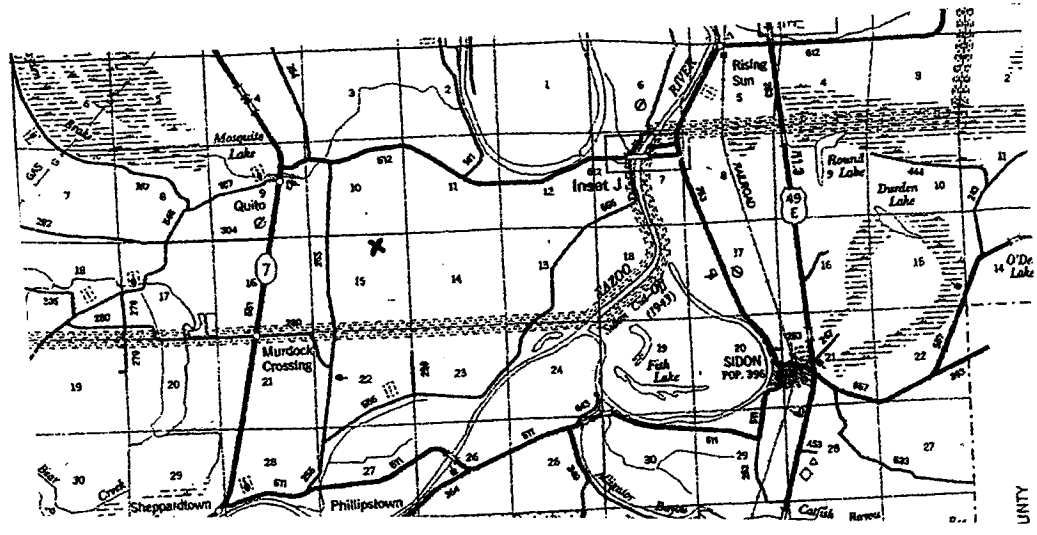
N-

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand/gravel	36	45
Med. Sand	46	57
Med. Sand/gravel	58	115

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 #: 6W40911  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-2-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-111  
 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>WPK &amp; Son, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>616 Sumner Ave.</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	_____ ¼ _____ ¼ Sec. <u>15</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. ( <u>662</u> ) <u>455-5848</u>	Distance Direction Nearest Town <u>42 58</u>
	<u>2</u> Miles <u>SE</u> of <u>Quito</u>

Pump Type Circle one	Power Type 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>30</u>
Date Pump Installed: <u>3-2-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400-1500</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                      Patrick M. Chism  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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 BY: OLWR