

State Well Report

Part I

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-113
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: LW-41323
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 9-7-06

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>Spencer Alderman</u>	Latitude: <u>33.2425.4</u> , Longitude: <u>90.1502.5</u>
Mailing Address: <u>5369 County Road 250</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon, MS 38954</u>	NW <u>1/4</u> SE <u>1/4</u> Sec <u>24</u> Twn <u>18N</u> Rng <u>1W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles <u>West</u> of <u>Sidon</u>
Telephone No. (____) _____	

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SEP 27 2006

YMD JOINT WATER MANAGEMENT DISTRICT

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other: _____

Date well drilling started: 9-7-06 Date well drilling completed: 9-7-06

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

Static Water Level: 16' feet above or below (circle one) land surface Date measured: 9-13-06

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: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

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

Patrick M Chism
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

41323

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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For Office Use Only:

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County: Leflore
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Irrigation Equipment
Driller: _____
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Owner Name: <u>Spencer Alderman</u>	Latitude: <u>33.2425.4</u> , Longitude: <u>90.1502.5</u>
Mailing Address: <u>5369 County Road 250</u>	Method of Lat/Long (circle one): <u>25</u> Conventional Survey, <u>02</u>
<u>Sidon, MS 38954</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>24</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. () _____	Distance: <u>3</u> Miles Direction: <u>West</u> of Nearest Town: <u>Sidon</u>

Well Data

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Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Patrick M Chism RECEIVED
Signature of Water Well Contractor

SEP 25 2006
BY: OLWR

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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	40
Med. Sand/gravel	41	113
Clay	114	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. Chen
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 #: GW 41323
 Irrigation Equipment
 Driller: _____
 Date completed: 9-7-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-113
 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>Spencer Alderman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5369 County Road 250</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ,
<u>Sidon, MS 38954</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 24 T 18N R 1W
<u>662-455-9753</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>West</u> of <u>Sidon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>9-13-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>3</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 SEP 25 2006
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer BY: OLWR