

State Well Report Part I

For Office Use Only:

County: Leflore
 Permit #: EW 41353
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-9-06

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)

Aquifer: _____
 Well #: N-114
 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>Ronnie Moss</u>	Latitude: <u>33 23 44.5</u> Longitude: <u>90 15 58.6W</u>
Mailing Address: <u>2 Pemberton Circle</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Greenwood MS 38930</u>	<u>NE 1/4 SE 1/4 Sec 26 Twp 18N Rng 1W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles <u>West</u> of <u>Siden</u>
Telephone No. () _____	RECEIVED

OCT 25 2006

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: YMD JOINT WATER MANAGEMENT DISTRICT

Date well drilling started: 10-9-06 Date well drilling completed: 10-9-06

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 10-10-06

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: 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 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. _____

41353

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)

County: Leflore
 Permit #: EW 41353
 Irrigation Equipment
 Driller: _____
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For Office Use Only:
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Owner Name: <u>Ronnie Moss</u>	Latitude: <u>33 23 44.5</u> Longitude: <u>90 15 58.6W</u>
Mailing Address: <u>2 Pemberton Circle</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>58</u>
<u>Greenwood MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> <u>SE</u> <u>NE</u> <u>26</u> <u>18N</u> <u>1W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>West</u> of <u>Sidon</u>

Well Data

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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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OCT 23 2006
 BY OLWR

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 #: OW 41353
 Irrigation Equipment
 Driller: _____
 Date completed: 10-9-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-114
 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>Ronnie Moss</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2 Pemberton Circle</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood MS 38930</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>¼</u> _____ <u>¼</u> Sec <u>26</u> T <u>18</u> N R <u>1</u> W
<u>662-453-0309</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 <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>30</u>
Date Pump Installed: <u>10-10-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150</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.

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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 Form: OLWR-SWR-1B
 OCT 23 2006
 BY: OLWR