

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

County: Leflore
Permit #: GW41622
Irrigation Equipment
Driller: _____
Date drilling completed: 3-12-07

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	Well Location
Owner Name <u>Erle West Barham</u>	Latitude: <u>33° 25' 49"</u> Longitude: <u>90° 15' 33"</u>
Mailing Address: <u>51736 County Road 555</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 _{1/4} <u>NW 1/4</u> Sec <u>13</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>)- <u>455-5783</u>	<u>3</u> Miles <u>East</u> of <u>Quito</u>

Well Data

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

Date well drilling started: 3-12-07 Date well drilling completed: 3-12-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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

N-115

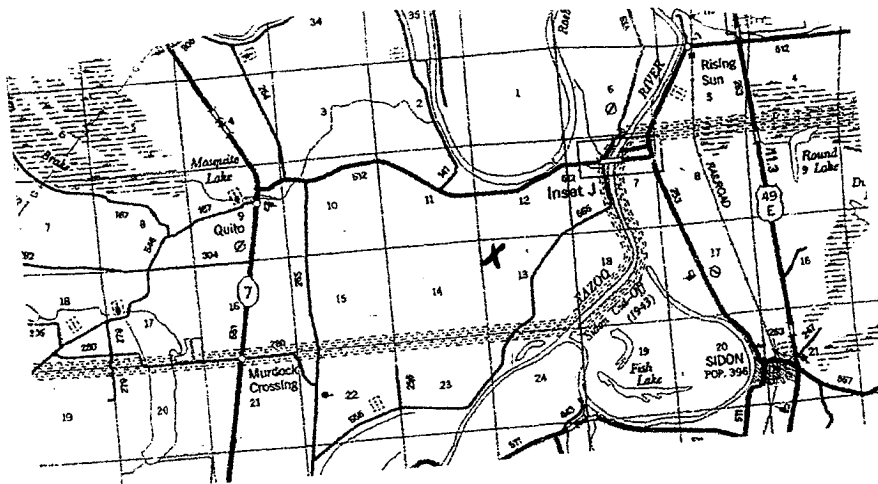
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand	26	55
Med. Sand	56	75
Med. Sand/gravel	76	95
Coarse Sand/gravel	96	105
Coarse Sand	106	115
Coarse Sand/gravel	116	125

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: _____

Patt Mc

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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 3-12-07

For Office Use Only:

Aquifer: _____
 Well #: N-115
 Elevation: _____

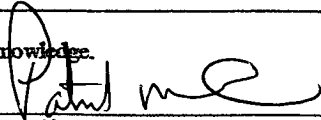
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Erle West Barham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>51736 County Road 555</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Sidon MS 38954</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>18N</u> Rng <u>1W</u>
<u>662-455-5783</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>East</u> of <u>Quito</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>30</u>
Date Pump Installed: _____	Setting Depth: <u>60</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: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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 of Pump Installer