

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 #: N117
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 41747
Irrigation Equipment
Driller: _____
Date drilling completed: 4-9-07

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>Jimmy Patridge</u>	Latitude: <u>33.22.52.4</u> Longitude: <u>90.19.08.6</u>
Mailing Address: <u>Box 223</u>	Method of Lat/Long (circle one): <u>5a</u> Conventional Survey, <u>08</u>
<u>Morgan City MS 38946</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 32 Twn 18N Rng 1W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>EAST</u> of <u>Morgan City</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-9-07 Date well drilling completed: 4-9-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 29 feet above or below (circle one) land surface Date measured: 4-10-07
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: 10 inches Type of casing: PVC 160
Screen length: 70 feet Screen diameter: 10 inches Type of screen: PVC 160
Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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.

Re: 41747

MAY 10 2007

YMD JOINT WATER
MANAGEMENT DISTRICT

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-117
L. S. Elevation:
E-log #:

County: Leflore
Permit #: GW 41747
Irrigation Equipment
Driller:
Date drilling completed: 4-9-07

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: Jimmy Patridge, Morgan City MS 38946
Well Location: Latitude 33.22.52.4, Longitude 90.19.08.6, SW 1/4 NE 1/4 Sec 32 Twn 18N Rng 1W

Well Data: Purpose of Well (Irrigation), Date well drilling started/completed (4-9-07), Static Water Level (29 feet below), Hole depth (125 feet), Type of grout (Bentonite), Casing length (85 feet), Screen length (40 feet), Type of completion (Gravel packed)

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: Patrick M Chism

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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 # 6W41747
 Irrigation Equipment
 Driller: _____
 Date completed: 4-9-07

For Office Use Only:

Aquifer: _____
 Well #: N-117
 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>Jimmy Patridge</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 223</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Morgan City MS 38946</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>EAST</u> of <u>Morgan City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor <u>30</u>
Date Pump Installed: <u>4-10-07</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
 Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism
 Signature of Pump Installer

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 MAY 07 2007
 BY: OLWR