

Leflore  
Well #: BW 41899  
Irrigation Equipment  
Driller:  
Date drilling completed: 5-25-07

### 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 #: N118  
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>D+T Farms</u>	Latitude: <u>33-26-28.2</u> Longitude: <u>90-17-28.4</u>
Mailing Address: <u>24388 Hwy 7 South</u>	Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>28</u>
<u>Itha Beng Ms. 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 10 Twn 18N Rng 1W</u>
Telephone No. ( )	Distance Direction Nearest Town <u>5</u> Miles <u>NE</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: 5-25-07 Date well drilling completed: 5-25-07

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 05-26-07

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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  
Signature of Water Well Contractor  
Print Name of Water Well Contractor and License No.

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JOINT WATER MANAGEMENT DISTRICT

41899

**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 #: OW 41899  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 5-25-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-118  
 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>D+T Farms</u>	Latitude: <u>33° 26' 28.2"</u> Longitude: <u>90° 17' 28.4"</u>
Mailing Address: <u>24388 Hwy 7 South</u>	Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>28</u>
<u>Itta Beng</u> <u>Ms.</u> <u>38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 10 Twn 18N Rng 1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Morgan City</u>

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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

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor: [Signature]

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N-118

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	35
Fine Sand	36	51
Medium Sand + Gravel	52	126

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: D+T Farms



Signature of Water Well Contractor

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# 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 #: 6W41899  
 Driller: \_\_\_\_\_  
 Date completed: 5-25-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-118  
 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.

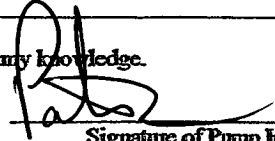
Well Owner Information	Well Location
Owner Name: <u>D+T Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>24388 Hwy 7 South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena</u> <u>Ms.</u> <u>38941</u>	<u>SW 1/4 NW 1/4 Sec 10</u> <u>Twn 18N</u> <u>Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>NE</u> of <u>Morgan City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5-26-07</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

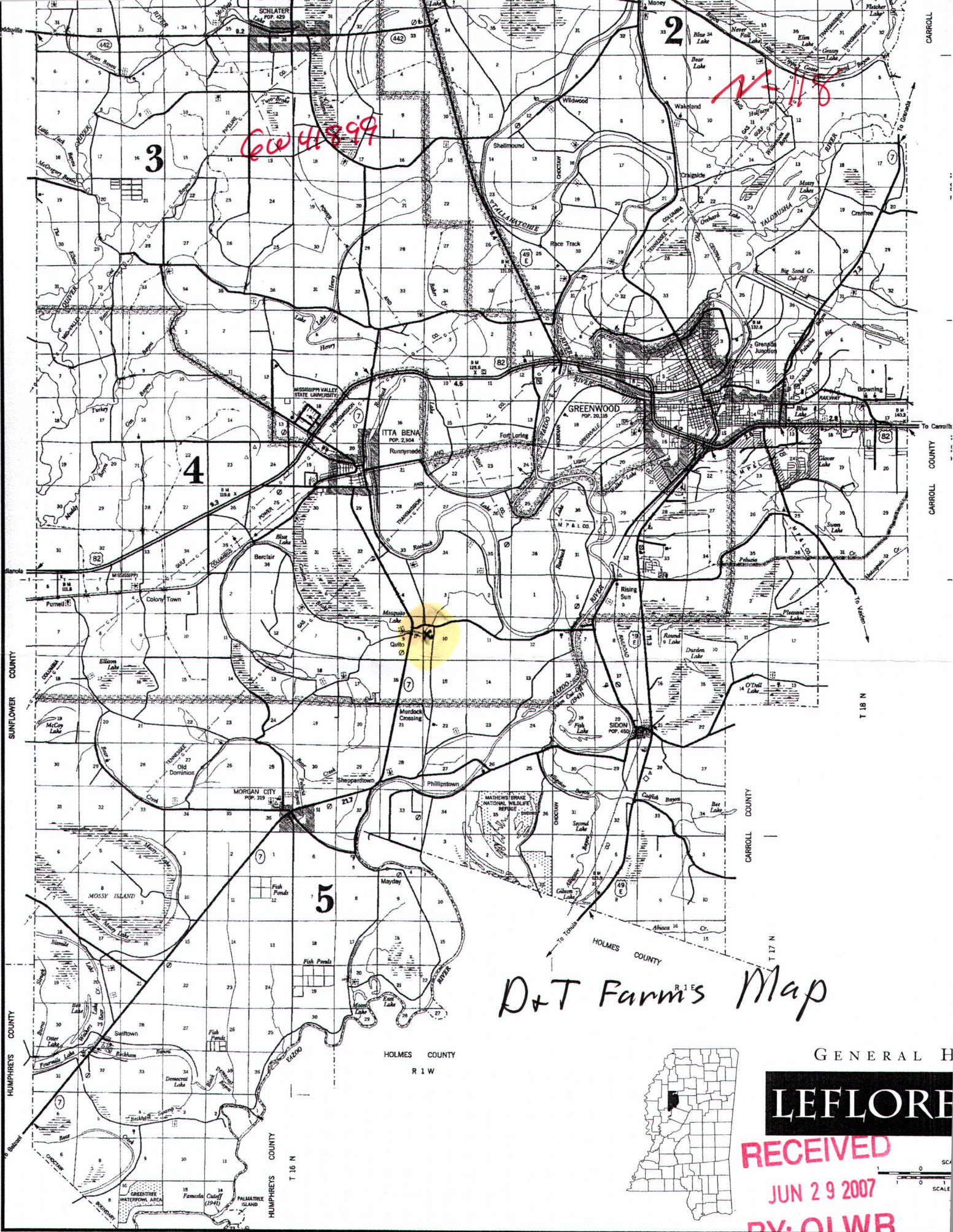
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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# D+T Farm's Map

GENERAL H

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