

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 #: <u>N-124</u>
L. S. Elevation: _____	E-log #: _____

County: <u>Leflore</u>	Commit #: <u>GW42998</u>
Irrigation Equipment	
Driller: _____	
Date drilling completed: <u>2-5-09</u>	

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>Casey Alderman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2600 County Rd. 258</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	<u>NW 1/4, NW 1/4</u> Sec <u>34</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 453-2749</u>	<u>3</u> Miles <u>West</u> of <u>Morgan City</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-5-09</u>	Date well drilling completed: <u>2-5-09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>26</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface	Date measured: <u>2-6-09</u>
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Hole depth: <u>123</u> Well depth: <u>123</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite Mix	
Casing length: <u>83</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>84</u> feet to <u>123</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor [Signature]

42998

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FEB 16 2009

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 #: GW 42998
Driller: Irrigation Equipment
Date drilling completed: 2-5-09

For Office Use Only:
Aquifer: _____
Well #: N-124
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>Casey Alderman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2600 County Rd. 258</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	<u>NW 1/4, NW 1/4</u> Sec <u>34</u> Twn <u>18N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 453-2749</u>	<u>3</u> Miles <u>West</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: 2-5-09 Date well drilling completed: 2-5-09

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 2-6-09

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 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 84 feet to 123 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

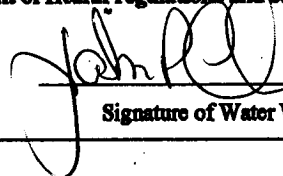
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.



Signature of Water Well Contractor

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FEB 13 2009

BY: OLWR

STATE WELL REPORT

Part 2

County: Leflore
 Permit #: GW42998
 Irrigation Equipment
 Driller: _____
 Date completed: 2-5-09

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)

For Office Use Only:

Aquifer: _____
 Well #: N. 124
 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>Casey Alderman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2600 County Rd 258</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Siden</u> <u>Ms.</u> <u>38954</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 34</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No. <u>(662) 453-2749</u>	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Morgan City</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>2-6-09</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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 13 2009
 BY: OLWR