

County: Leflore  
 Permit #: GW 43529  
 Irrigation Equipment  
 Date drilling completed: 9-29-09

**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 130  
 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>Sims Farms</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>C/O Teddy Sims</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>16517 County Rd 511</u>	<u>NE 1/4 NE 1/4 Sec 26 Twn 18N Rng 1W</u>		
<u>Sidon</u> City	<u>Ms.</u> State	<u>38954</u> Zip Code	
Telephone No. <u>662 299-5775</u>	Distance _____ Miles	Direction <u>NE</u>	Nearest Town <u>Phillipstown</u>

Well Data

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

Date well drilling started: 9-29-09 Date well drilling completed: 9-29-09

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 9-30-09

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 82 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 122 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.

John P. Chism 0439  
 Print Name of Water Well Contractor and License No.

John P. Chism  
 Signature of Water Well Contractor

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YMD JOINT WATER MANAGEMENT DISTRICT

43529

County: Leflore  
 Permit #: bw 43529  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 9-29-09

### 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: N 130  
 Well #: \_\_\_\_\_  
 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>Sims Farms</u>	Latitude: <u>33° 23' 41"</u> Longitude: <u>90° 16' 04"</u>
Mailing Address: <u>C/O Teddy Sims</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>16517 County Rd 511</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon Ms. 38954</u>	<u>NE 1/4 NE 1/4 Sec 26 Twn 18N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>663 299-5775</u>	<u>1</u> Miles <u>NE</u> of <u>Phillipstown</u>

**Well Data**

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

Date well drilling started: 9-29-09 Date well drilling completed: 9-29-09

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 9-30-09

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 122 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 John P. 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 #: 6W43529  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 9-29-09

For Office Use Only:

Aquifer: N 130  
 Well #: \_\_\_\_\_  
 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.

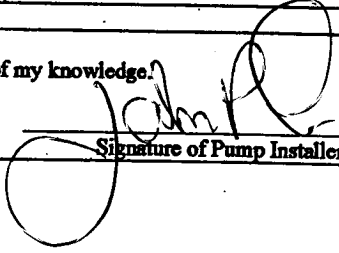
Well Owner Information	Well Location
Owner Name: <u>Sims Farms</u> Mailing Address: <u>C/o Teddy Sims</u> <u>16517 County Rd 511</u> <u>Sidon Ms. 38954</u> <small>City State Zip Code</small> Telephone No. <u>662 299-5775</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 26 Twn 18N Rng 1W</u> Distance Direction Nearest Town <u>1 Miles NE of Phillipstown</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal   Rotary              Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>9-30-09</u>	
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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