

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 #: Q-61
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 4-13-05

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 . 23 . 44N</u> Longitude: <u>90 . 12 19W</u>
Mailing Address: <u>51736 County Road 555</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sidon, MS 38954</u>	USGS quad, <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
City State Zip Code	<u>SE</u> <input checked="" type="checkbox"/> <u>NW</u> <input type="checkbox"/> <u>Sec 28</u> / <u>Tw</u> <u>18N</u> <input checked="" type="checkbox"/> <u>Rng 1E</u>
Telephone No. (<u>662-455-5783</u>)	<u>SW</u> Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Sidon</u>

Well Data

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

Date well drilling started: 4-13-05 Date well drilling completed: 4-13-05

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

Static Water Level: 12' feet above or below (circle one) land surface Date measured: 4-13-05

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

Hole depth: 116' Well depth: 116' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 10 inches Type of casing: 160 PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: 160 PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Owner contracted with Kelly Vest (Rt. 1, Box 217-5, Coila, MS 38923).
Mailed a copy of Part 1 to Kelly Vest 5-2-05.

If well telescopes please sketch below and show depths.

Ground Level

Large empty rectangular box for sketching well telescopes and ground level.

Q-61

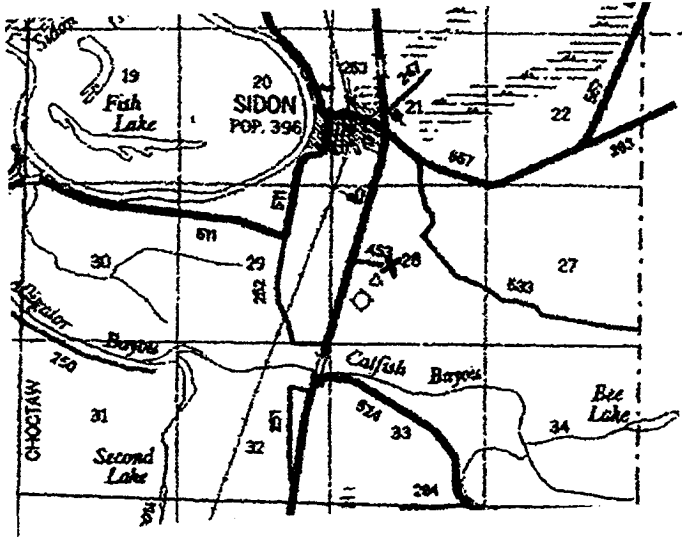
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	37
Fine Sand	38	45
Fine Sand/gravel	46	59
Med. Sand/gravel	60	116

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: _____

Patrick M. Chin
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 #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: Q-61
 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): Conventional Survey,
<u>Sidon, MS 38954</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 28 Twn 18N Rng 1E
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Sidon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input 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>15</u>
Date Pump Installed: <u>5/10/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>900</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 <u>900</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after <u>15</u> 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.

Kelly Vest 0-0432 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Part 1 was mailed to DEQ 5-2-05 from Irrigation Equipment Inc.

RECEIVED
 MAY 18 2005
 BY: OLWR



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