

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-63
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 0041130
Irrigation Equipment
Driller: _____
Date drilling completed: 6-3-06

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>33.2653.6</u> , Longitude: <u>90.1426.1</u> |
| Mailing Address: <u>51736 County Road 555</u> | Method of Lat/Long (circle one): <u>53</u> Conventional Survey, <u>26</u> |
| <u>Sidon MS 38954</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>Sidon</u> State: <u>MS</u> Zip Code: <u>38954</u> | SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>6</u> Twn <u>18N</u> Rng <u>1E</u> |
| Telephone No. () _____ | Distance: <u>4</u> Miles Direction: <u>NW</u> Nearest Town: <u>of Sidon</u> |

Well Data

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

Date well drilling started: 6-3-06 Date well drilling completed: 6-3-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 1.2 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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

RECEIVED

Owner contracted with Kelly Vest.
Kelly Vest will install pump.

JUN 22 2006

YMD JOINT WATER
MANAGEMENT DISTRICT

41130

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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Permit #: 6W 41130
Irrigation Equipment
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| 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, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 SW 1/4 Sec 6 Twn 18N Rng 1E</u> |
| Telephone No. () _____ | Distance: <u>4</u> Miles Direction: <u>NW</u> Nearest Town: <u>Sidon</u> |

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Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor: Patrick M Chism

Owner contracted with Kelly Vest.
Kelly Vest will install pump.

RECEIVED
JUN 22 2006
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 21 |
| Fine Sand | 22 | 35 |
| Fine Sand/gravel | 36 | 50 |
| Med. Sand/gravel | 51 | 118 |
| Clay | 119 | 120 |
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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: _____

Patric M. Chun

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Leflore
 Permit #: OW 41130
 Driller: _____
 Date completed: 6-3-06
Copy information from block on Part 1

Pump Installer 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 #: Q-63
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>ERLE West Barham</u> | Latitude: <u>33.26536</u> Longitude: <u>90.14261</u> |
| Mailing Address: <u>51736 COUNTY ROAD 555</u> | Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> ⁵³ ₂₆ |
| <u>Sidon Miss 38954</u> City State Zip Code | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| Telephone No. <u>(662) 465-5783</u> | <u>SW 1/4 SW 1/4 Sec 6 T18N R1E</u> |
| | Distance Direction Nearest Town <u>4 Miles NW of Sidon</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6/23/06</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>1750</u> Gallons Per Minute | Number of Stages: <u>2</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>1200</u> 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.

Kelly Vest 0-452 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
 JUN 29 2006
 BY: OLWR