

Part 2 never received 4/13

# 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 #: GW41539  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 2-28-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-66  
 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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name <u>John Lindsey</u>		Latitude: <u>33</u> ° <u>24</u> ' <u>35.6</u> "	Longitude: <u>90</u> ° <u>11</u> ' <u>19.9</u> "
Mailing Address: <u>10500 County Road 243</u>		Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>20</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Sidon</u> MS <u>38954</u>		NE <input type="checkbox"/> SW <input type="checkbox"/> Sec <u>22</u> ✓ Twn <u>18N</u> ✓ Rng <u>1E</u>	
City State Zip Code		NW Distance Direction Nearest Town	
Telephone No. ( ) _____		<u>1</u> Miles <u>East</u> of <u>Sidon</u>	

**Well Data**

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

Date well drilling started: 2-28-07 Date well drilling completed: 2-28-07

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: 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: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

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.  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Note: No pump was installed.

RECEIVED

MAR 12 2007

BY: OLWR

