

State Well Report  
Part I

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 68  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 42532  
Driller: Irrigation Equipment  
Date drilling completed: 5-27-08

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>Express Grain Terminal</u>	Latitude: <u>33° 26' 34.2"</u> Longitude: <u>90° 13' 20.0"</u>
Mailing Address: <u>2005 Hwy 82 West</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood Ms. 38930</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8 Twn 18N Rng 1E</u>
Telephone No. ( ) _____	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Sidon</u>

**Well Data**

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

Date well drilling started: 5-27-08 Date well drilling completed: 5-27-08

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 5-30-08

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 78 feet to 117 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  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

42532

# 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 #: 2042532  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-27-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 2-68  
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>Express Grain Terminal</u>	Latitude: <u>33° 26' 34.2"</u> Longitude: <u>90° 13' 20.0"</u>
Mailing Address: <u>2005 Hwy 82 West</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenwood Ms. 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8 Twn 18N Rng 1E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles NW of Siden</u>

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Screen slot size: .050 inches Setting depth: From 78 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

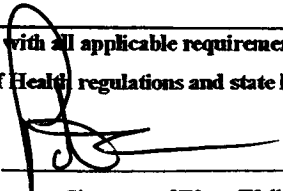
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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

RECEIVED  
JUN 09 2008  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: Q-68

Elevation: \_\_\_\_\_

County: Leflore  
 Permit #: 60042532  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-27-08

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>Express Grain Terminal</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2005 Hwy 82 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood Ms. 38930</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8 Twn 18N Rng 1E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Sidon</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-30-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2800 ±</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.

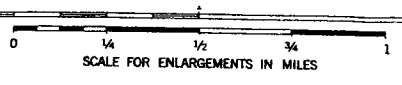
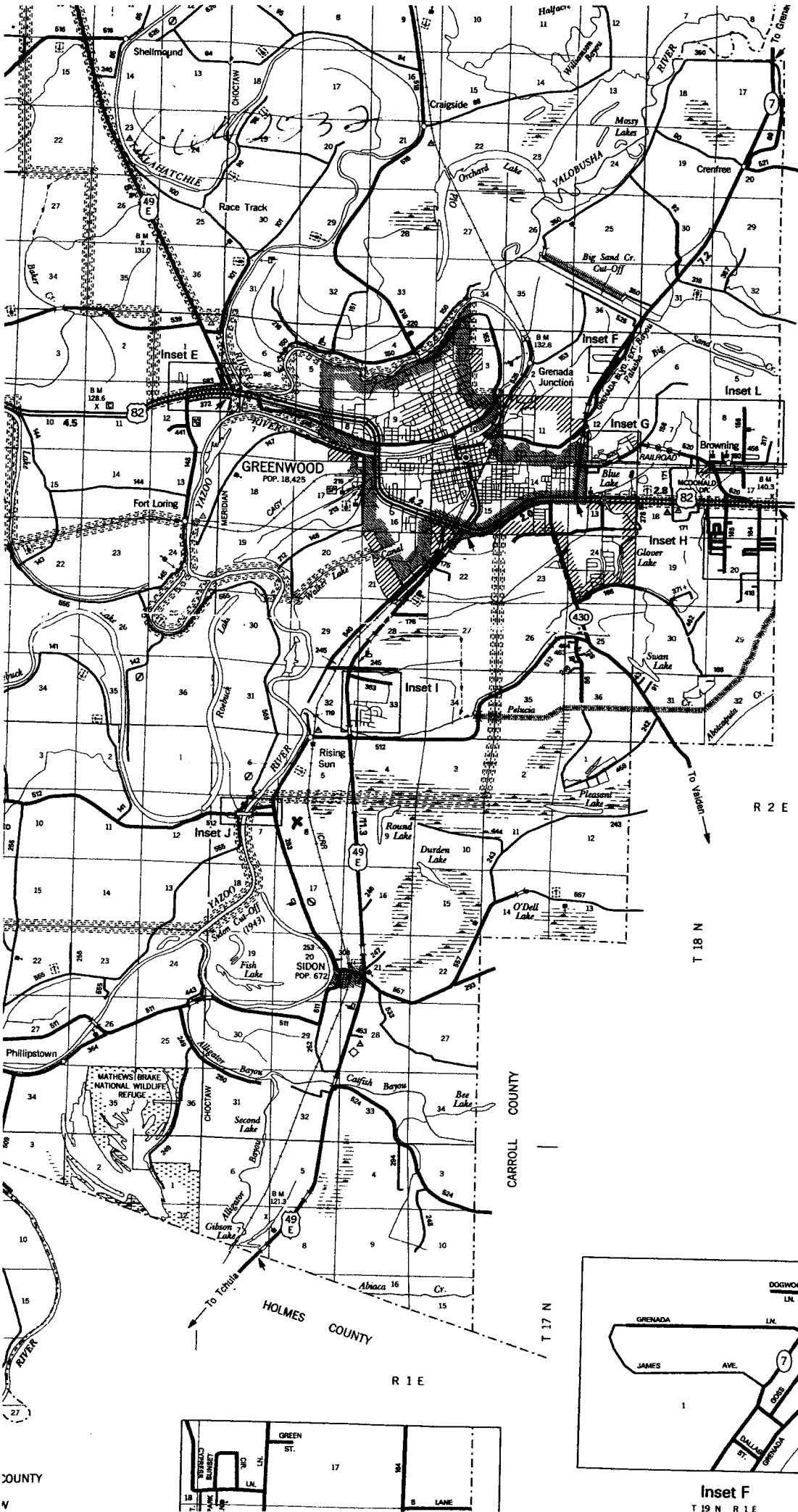
Patrick M. Chism      0695  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
 Signature of Pump Installer

RECEIVED

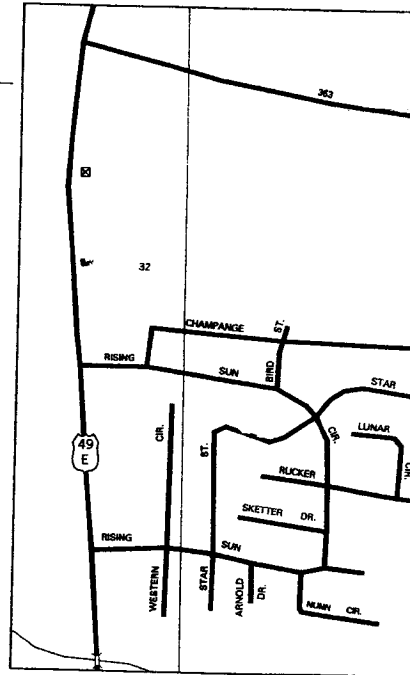
JUN 09 2008

BY: OLWR

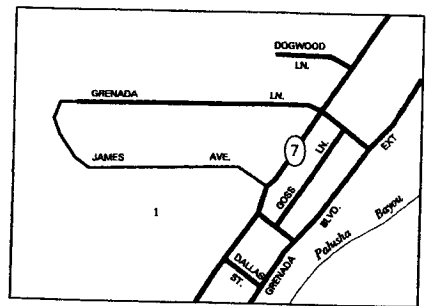


Express Grain  
Terminals Map

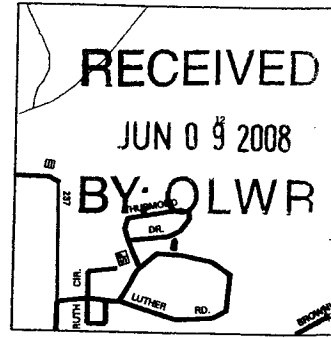
Q-68



Inset I  
T 19 N R 1 E



Inset F  
T 19 N R 1 E



Inset C



COUNTY  
N