

County: Leflore  
 Permit #: GW-44225  
 Driller: Irrigation Equipment  
 Date drilling completed: 5-15-10

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: 071  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tommy Lindsey</u>	Latitude: <u>33° 23' 43.5"</u> Longitude: <u>90° 12' 46.6"</u>
Mailing Address: <u>P.O. Box 175</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Sidon</u> <u>Ms.</u> <u>38954</u> City State Zip Code	<u>SE 1/4 NE 1/4</u> Sec <u>29</u> Twn <u>18 N</u> Rng <u>1 E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>SW</u> of <u>Sidon</u>

**Well / Borehole Data**

Date drilling started: 5-15-10 Date drilling completed: 5-15-10 Hole depth: 116 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 10 feet above or (below) (circle one) land surface Date measured: 5-17-10

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

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

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

Screen length: 40 feet Screen diameter: 10 inches Type of screen: 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 next page*



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 Permit #: GW-44225  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-15-10  
 Copy information from block on Part 1

**STATE WELL REPORT**  
**Part 2**  
 Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 071  
 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>Tommy Lindsey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 175</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sidon Ms. 38954</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 29 T 18N R 1E</u>
Telephone No. ( ) _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Sidon</u>

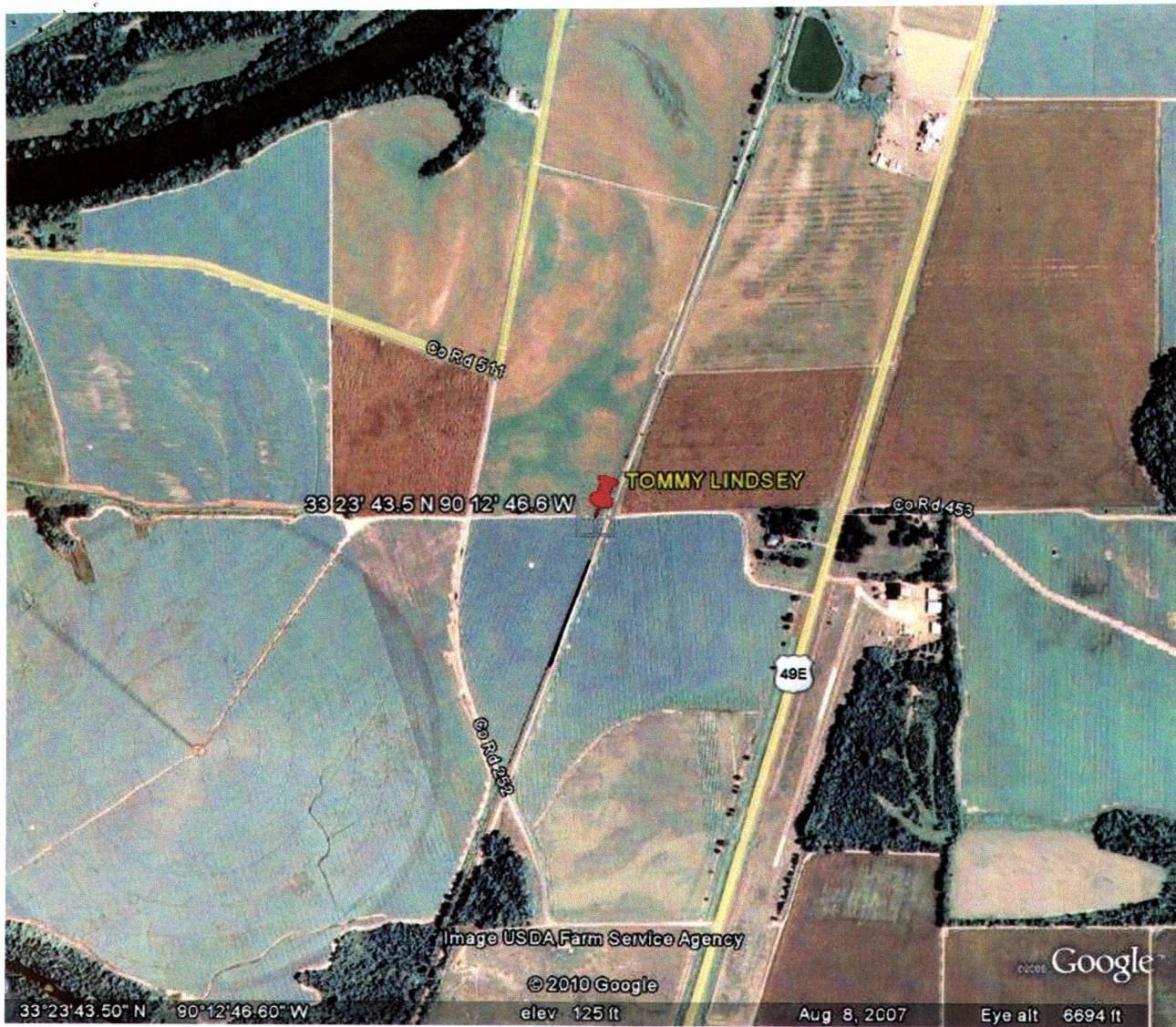
Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>30</u>
Other (specify): _____	Setting Depth: <u>70</u> feet
Date Pump Installed: <u>5-17-10</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: <u>1150 ±</u> Gallons Per Minute	

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

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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) \_\_\_\_\_  
 Signature of Pump Installer \_\_\_\_\_

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RECEIVED  
MAY 26 2010  
BY: OLWR