

County: Leflore  
Permit #: GW-48710  
Driller: Irrigation Equipment Inc.  
Date drilling completed: 04/28/2015

# 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 39225-2309  
(601) 961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: 086  
Aquifer: \_\_\_\_\_  
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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location	
Owner Name: <u>Bright Farms</u>			Latitude: <u>33 23' 22.3 N</u>	Longitude: <u>90 12' 19.8 W</u>
Mailing Address: <u>P.O. Box 98</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Sidon</u>	<u>Ms</u>	<u>38954</u>	<u>SW 1/4 SW 1/4, Sec 28 T 18 N R 1 E</u>	
City	State	Zip code		
Telephone No. ( ) -			<u>1</u> Miles <u>South</u> of <u>Sidon</u>	
			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>04/28/2015</u>	Date drilling completed: <u>04/28/2015</u> Hole depth: <u>115'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture		
<input type="checkbox"/> Other (describe): _____		
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>14'</u> feet [ <input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface	Date measured: <u>04/30/2015</u>	
(check one)		
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____		
Well depth: <u>115'</u> Well grouted to a depth of: <u>10'</u> feet	Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>75'</u> feet	Casing diameter: <u>16"</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>40'</u> feet	Screen diameter: <u>16"</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>72</u> feet to <u>111</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development		
<input type="checkbox"/> 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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Form: OLWR-SWR-1A (4/13)

BY: OLWR



County: Leflore  
 Permit #: GW-48710  
 Driller: Irrigation Equipment Inc.  
 Date drilling completed: 04/28/2015  
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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: 084  
 Aquifer: \_\_\_\_\_

*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>Bright Farms</u>			Latitude: <u>33 23' 22.3 N</u> Longitude: <u>90 12' 19.8 W</u>		
Mailing Address: <u>P.O. box 98</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Sidon</u>	<u>Ms</u>	<u>38954</u>	<u>SW 1/4 SW 1/4, Sec 28 T 18 N R 1 E</u>		
City	State	Zip code			
Telephone No. ( ) -			<u>1</u> Miles	<u>South</u> of	<u>Sidon</u>
			(Distance)	(Direction)	(Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed 04/30/2015 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 40 Setting Depth: 60' feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ Hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ Feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick Chism 0695 05/26/2015  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

BY: OLWR