

# 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 #: J61  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW 39792  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-29-04

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>Pin Tail Bottoms</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>Box 9</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Booneville, MS 38829</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW <u>1/4</u> SE <u>1/4</u> Sec <u>7</u> Twp <u>27N</u> Rng <u>1E</u>
Telephone No. <u>(662) 720-3356</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Marks</u>

Well Data

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

Date well drilling started: 7-29-04 Date well drilling completed: 7-29-04

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 7-30-04

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 76 feet to 115 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

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BY: OLWH



# 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 #:   J61   119

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

County: Quitman  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed:   7-30-04  

**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>Pin Tail Bottoms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 9</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Booneville, MS 38829</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	<u>NW 1/4 SE 1/4 Sec 7 Twn 27N Rng 1E</u>
Telephone No. ( <u>  662  </u> ) <u>  720-3356  </u>	Distance                      Direction                      Nearest Town
	<u>  4  </u> Miles <u>  SE  </u> of <u>  Marks  </u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>  15  </u>
Date Pump Installed: <u>  7-30-04  </u>	Setting Depth: <u>  60  </u> feet
Rated Pump Capacity: <u>  750  </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 <u>Steel Tap</u>
Static Water Level (A): <u>  16  </u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Irrigation Equipment Inc.  
 Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

*Patrick M Chism*

Signature of Pump Installer

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AUG 12 2004

BY: OLWR