

GW-41832

### 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 #: B-90  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: 20041832  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-30-07

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>Mahalite Farms</u>           | Latitude: <u>33° 02' 59.7"</u> Longitude: <u>90° 45' 27.0"</u>                 |
| Mailing Address: <u>45 West Lake Lee Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>27</u>                |
| <u>Greenville Ms. 38701</u>                 | USGS quad, Hand-held GPS, Survey-grade GPS                                     |
| City State Zip Code                         | <u>NW 1/4 NW 1/4 Sec 19 Twn 14N Rng 5W</u>                                     |
| Telephone No. ( ) _____                     | Distance Direction Nearest Town<br><u>6</u> Miles <u>NE</u> of <u>Anguilla</u> |

**Well Data**

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

Date well drilling started: 4-30-07 Date well drilling completed: 4-30-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 5-02-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 120 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



# 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)

County: Shankley  
 Permit #: 00041630  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-30-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-90  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

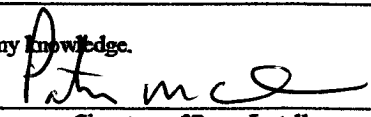
| Well Owner Information   | Well Location   |
|--|---|
| Owner Name: <u>Mahelite Farms</u><br>Mailing Address: <u>45 West Lake Lee Rd</u><br><br><u>Greenville Ms. 38701</u><br><small>City State Zip Code</small><br>Telephone No. ( ) _____ | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>NW 1/4 NW 1/4 Sec 19 Twn 14N Rng 5W</u><br>Distance Direction Nearest Town<br><u>6 Miles NE of Anguilla</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u><br>Bucket Piston <input type="radio"/> Turbine <input type="radio"/><br>Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/><br>Other (specify): _____ | Diesel Engine Gasoline Engine Natural Gas<br><input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: <u>40</u><br>Setting Depth: <u>70</u> feet<br>Number of Stages: <u>1</u> |
| Date Pump Installed: <u>5-02-07</u><br>Rated Pump Capacity: <u>1600 ±</u> Gallons Per Minute   |  |

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

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

