

# 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: Sharkey  
 Permit #: GW44544  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-15-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-171  
 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>Momt Helena Associates</u>	Latitude: <u>32° 57' 28.2"</u> Longitude: <u>90° 50' 41.8"</u>
Mailing Address: <u>C/O Drick Rodgers</u>	Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>42</u>
<u>Box 247</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rolling Fork Ms. 39159</u>	NW 1/4 SW 1/4 Sec <u>20</u> Twn <u>13N</u> Rng <u>6W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>1</u> Miles <u>S</u> of <u>Anguilla</u>

**Well Data**

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

Date well drilling started: 7-15-08 Date well drilling completed: 7-15-08

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-16-08

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 38 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 8.6 feet to 123.124 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 [Signature]

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JUL 28 2008  
 BY: OLWP



# 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: Sharkey  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-15-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-171  
 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>Mont Helena Associates</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O Drick Rodgers</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Box 247</u>	NW ¼ SW ¼ Sec. <u>20</u> Twn <u>13N</u> Rng <u>6W</u>
<u>Rolling Fork Ms. 39159</u>	Distance      Direction      Nearest Town
City                      State                      Zip Code	<u>1</u> Miles <u>S</u> of <u>Anguilla</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="radio"/> Turbine	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-16-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800<sup>+</sup></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)                      Signature of Pump Installer

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JUL 28 2008  
 BY: OLWF

