

State Well Report

Part I

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.

County: Sharkey
Fennit #: OW 41916
Irrigation Equipment
Driller:
Date drilling completed: 6-11-07

Aquifer:
Well #: E-58 G173
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: Lynndale Partners, P.O. Box 337, Rolling Fork Ms. 39859
Well Location: Latitude: 52° 50' 06.5", Longitude: 90° 55' 14.8"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 33 Twn 12N Rng 7W
Distance 2 Miles Direction N of Cary

Well Data
Purpose of Well: Irrigation
Date well drilling started: 6-11-07 Date well drilling completed: 6-11-07
If flowing, method of flow regulation: Valve
Static Water Level: 24 feet above or below land surface Date measured: 6-12-07
Method of Measurement: steel tape
Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet
Type of grout: Bentonite
Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 82 feet to 122 feet
Type of completion: Gravel packed
Top of lap pipe or reduction in casing:
Logs run: No log run

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
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
JUN 29 2007
BY: OLWR



# 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 #: GW 41916  
 Driller: \_\_\_\_\_  
 Date completed: 6-11-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: ~~258~~ **G173**  
 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>Lynndale Partners</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 337</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rolling Fork Ms. 39159</u>	<del>SE 1/4 SW 1/4 Sec 33 Twn 12N Rng 7W</del>
City State Zip Code	<b>NE NW 04 11N</b> Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>N</u> of <u>Cary</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	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>6-12-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</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      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 JUN 29 2007  
 BY: OLWR