

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-102
 L. S. Elevation: _____
 E-log #: _____

County: Sunflower
 Permit #: OW 41131
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-5-06

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>Lloyd Mitchell</u>	Latitude: <u>33.5840.5</u> Longitude: <u>90.2754.6</u>
Mailing Address: <u>Box 117</u>	Method of Lat/Long (circle one): <u>90</u> Conventional Survey, <u>54</u>
<u>Rome MS 38768</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>1</u> Twn <u>24N</u> Rng <u>3W</u>
Telephone No. (____) _____	Distance: <u>2</u> Miles Direction: <u>North</u> of Nearest Town: <u>Rome</u>

Well Data

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

Date well drilling started: 6-5-06 Date well drilling completed: 6-5-06

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

Static Water Level: 33' feet above of below (circle one) land surface Date measured: 6-6-06

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 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.

Patrick M. Chism
 Signature of Water Well Contractor

RECEIVED
 JUN 25 2006
 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: Sunflower
 Permit #: 6W41131
 Irrigation Equipment
 Driller: _____
 Date completed: 6-5-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-102
 Elevation: _____

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

Owner Name: Lloyd Mitchell
 Mailing Address: Box 117
Rome MS 38768
 City State Zip Code
662-645-5645
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 1 T 24N R 3W
 Distance Direction Nearest Town
2 Miles North of Rome

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 6-6-06
 Rated Pump Capacity: 1800 Gallons Per Minute

Power Type
Circle one

<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 40
 Setting Depth: 60 feet
 Number of Stages: 2

Pump Test Data


Date Well Tested: _____
 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ 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

RECEIVED
 JUN 26 2006
 BY: OLWR