

# 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 #: D-115  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-4-07

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>Stanley Lumber Products</u>	Latitude: <u>33° 50' 43"</u> Longitude: <u>90° 29' 01"</u>
Mailing Address: <u>10 David Stanley</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Box 271</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u>	<u>NW 1/4 SW 1/4 Sec 23 Twn 23 N Rng 3 W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. ( ) _____	<u>5</u> Miles <u>NE</u> of <u>Drew</u>

**Well Data**

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

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

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 4-4-07

Method of Measurement (circle one) steel tap 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: 85 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 1/2"

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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): \_\_\_\_\_

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BY: OLWR

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 Patrick M Chism



# 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-4-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-115  
 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>Stanley Lumber Products</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O David Stanley</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Box 271</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u>	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>23N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>NE</u> of <u>Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>4-4-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
 Signature of Pump Installer