

# 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 #: E-108  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: MS GW 40299  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-19-05

**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>Dockery Farms</u>	Latitude: <u>33 44 27.6</u> , Longitude: <u>90 36 21.8</u>
Mailing Address: <u>Box 1805</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland, MS 38732</u>	<u>SW</u> <u>SW</u> <u>SE</u> <u>SE</u> 1/4 Sec <u>28</u> Twn <u>22N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town <u>5 Miles West of Ruleville</u>
Telephone No. ( ) _____	

Well Data	Pivot Replacement
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u>	
Date well drilling started: <u>5-19-05</u>	Date well drilling completed: <u>5-19-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>41'</u> feet above or below (circle one) land surface Date measured: <u>5-21-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>111'</u> Well depth: <u>111'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>71'</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>	
Screen length: <u>40'</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>72</u> feet to <u>111</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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 15 2005  
**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 #: MS6W 40299  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-21-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-108  
 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.

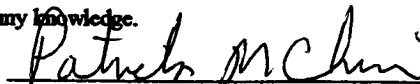
Well Owner Information	Well Location
Owner Name: <u>Dockery Farms</u> Mailing Address: <u>Box 1805</u> _____ <u>Cleveland, MS 38732</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE ¼ SE ¼ Sec 28 Twn 22N Rng 4W</u> Distance Direction Nearest Town <u>5 Miles West of Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston <u>Turbine</u> Centrifugal                  Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>5-21-05</u> Rated Pump Capacity: _____ Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine              Natural Gas Electric Motor                Hand                          Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Setting Depth: _____ feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	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 15 2005

BY: OLWR

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 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 #: E-108  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Sunflower  
 Permit #: 6W-40299  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 5-19-05

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>Dockery Farms</u>	Latitude: <u>33.44 27.6</u> , Longitude: <u>90 36 21.8</u>
Mailing Address: <u>Box 1805</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland, MS 38732</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: <u>MS</u>	<u>SE 1/4 SE 1/4 Sec 28 Twn 22N Rng 4W</u>
Telephone No. (____)	Direction: _____ Nearest Town: <u>Ruleville</u>
	Miles <u>West</u> of _____

**Well Data**

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

Date well drilling started: 5-19-05 Date well drilling completed: 5-19-05

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

Static Water Level: 41' feet above or below (circle one) land surface Date measured: 5-21-05

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

Hole depth: 111' Well depth: 111' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 71' 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 72 feet to 111 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

40299