

# 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 #: F-134  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 60-41249  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-28-06

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>Kraegcroft Inc.</u>	Latitude: <u>33 ° 48 .09 .4</u> Longitude: <u>90 ° 33 .05 .5</u>
Mailing Address: <u>3426 Amroth Drive</u>	Method of Lat/Long (circle one): <u>09</u> Conventional Survey, <u>05</u>
<u>Collierville TN 38017</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW¼ SW ¼ Sec <u>6</u> Twn <u>22N</u> Rng <u>3W</u>
Telephone No. ( <u>901</u> )-850-5303	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</u> of <u>Drew</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 7-28-06 Date well drilling completed: 7-28-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 45' feet above or below (circle one) land surface Date measured: 7-28-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 114 Well depth: 114 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 74 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 See Back feet to \_\_\_\_\_ 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

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SEP 11 2006

BY: OLWR

F- 7

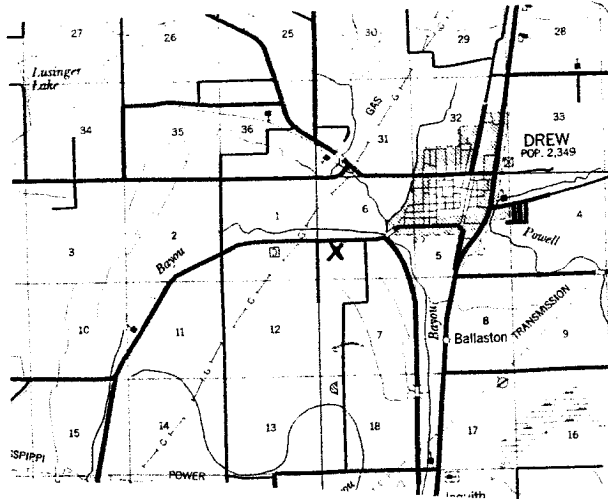
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	30
Med. Sand/gravel	31	65
Fine Sand/gravel	66	81
Med. Sand/gravel	82	110
Clay	111	114
Screen 58-65		
Screen 83-114		

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: \_\_\_\_\_

*Pat M. Chew*

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Signature of Water Well Contractor

# 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 #: 00-41249  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 7-28-06  
*Copy information from block on Part 1*

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-134  
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	Well Location
Owner Name: <u>Kraegcroft Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3426 Amroth Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Collierville TN 38017</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW ¼ SW ¼ Sec 6 T 22N R 3W</u>
Telephone No. ( <u>901</u> )- <u>850-5303</u>	Distance Direction Nearest Town <u>1</u> Miles <u>SW</u> of <u>Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift          Jet          Submersible	Diesel Engine          Gasoline Engine          Natural Gas
Bucket          Piston <u>Turbine</u>	<u>Electric Motor</u> Hand          Tractor PTO
Centrifugal          Rotary          Flowing Well	Windmill          Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-28-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2300</u> Gallons Per Minute	Number of Stages: <u>2</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
Test Pumping Rate: _____ Gallons Per Minute	_____ 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          Patrick M. Chism  
0695  
Print Name of Pump Installer and License No. (if applicable)          Signature of Pump Installer

**RECEIVED**  
Form: OLWR-SWR-1B  
SEP 11 2006  
BY: OLWR