

# 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-153  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 0000000000  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4/27/09

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>Borndofsky Properties</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Land Management Group</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>1196 Poplar View Lane STE 5</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Collierville Tn: 38017</u>	<u>SW 1/4 SE 1/4 Sec 29 Twn 22N Rng 3W</u>
City: <u>901-850-5303</u> State: _____ Zip Code: _____	Distance: <u>1</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Ruloville</u>
Telephone No. ( ) _____	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture Other: _____	
Date well drilling started: <u>4/27/09</u>	Date well drilling completed: <u>4/27/09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above of <input checked="" type="radio"/> below (circle one) land surface	Date measured: <u>4/29/09</u>
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____	
Hole depth: <u>115</u> Well depth: <u>115</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>56</u> feet to <u>95</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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) <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	<u>John P. Chism</u> Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-153

Ground Level

G1043125

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	27
Fine Sand + Gravel	28	45
Medium Sand + Gravel	46	94
Clay	95	102
Fine Sand	103	115

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: Borodofsky Properties

John P Chum  
Signature of Water Well Contractor

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# 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 #: CC-43125  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4/27/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-153  
 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>Borodofsky Properties</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O Land Management Group</u> <u>1196 Poplar View Lane S Suite 1</u> <u>Collierville Tn. 38017</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 29 Twn 22N Rng 3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1 Miles NE of Ruleville</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>4/29/09</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 _____ 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.

John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
 Signature of Pump Installer

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F-153

T 23 N  
T 22 N

*Bondofsky Properties*

T 21 N

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