

# State Well Report

## Part I

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

County: Sunflower  
Permit #: GW42237  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-1-07

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>Downs Farms</u>	Latitude: <u>33.37.12.7</u> Longitude: <u>90.38.01.7</u>
Mailing Address: <u>63 Oak Ridge</u>	Method of Lat/Long (circle one): <u>13</u> Conventional Survey, <u>02</u>
<u>Boyle</u> <u>Ms.</u> <u>38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 32 Twn 21N Rng 4W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Linn</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_  
Date well drilling started: 11-1-07 Date well drilling completed: 11-1-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 31 feet above of below (circle one) land surface Date measured: 11-1-07  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
Screen slot size: .050 inches Setting depth: From 88 feet to 127 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.

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)

For Office Use Only:

Acquirer: \_\_\_\_\_

Well #: 6-134

Elevation: \_\_\_\_\_

County: Sunflower  
Permit #: 6W42237  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 11-1-07

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>Downs Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>63 Oak Ridge</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Boyle</u> <u>Ms.</u> <u>38730</u>	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>32</u> Twp <u>21N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>South</u> of <u>Linn</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11-1-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800±</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slant 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.

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

[Signature]  
Signature of Pump Installer

Inset B

T 18 N R 4 W

GW42237

IN KILOMETERS

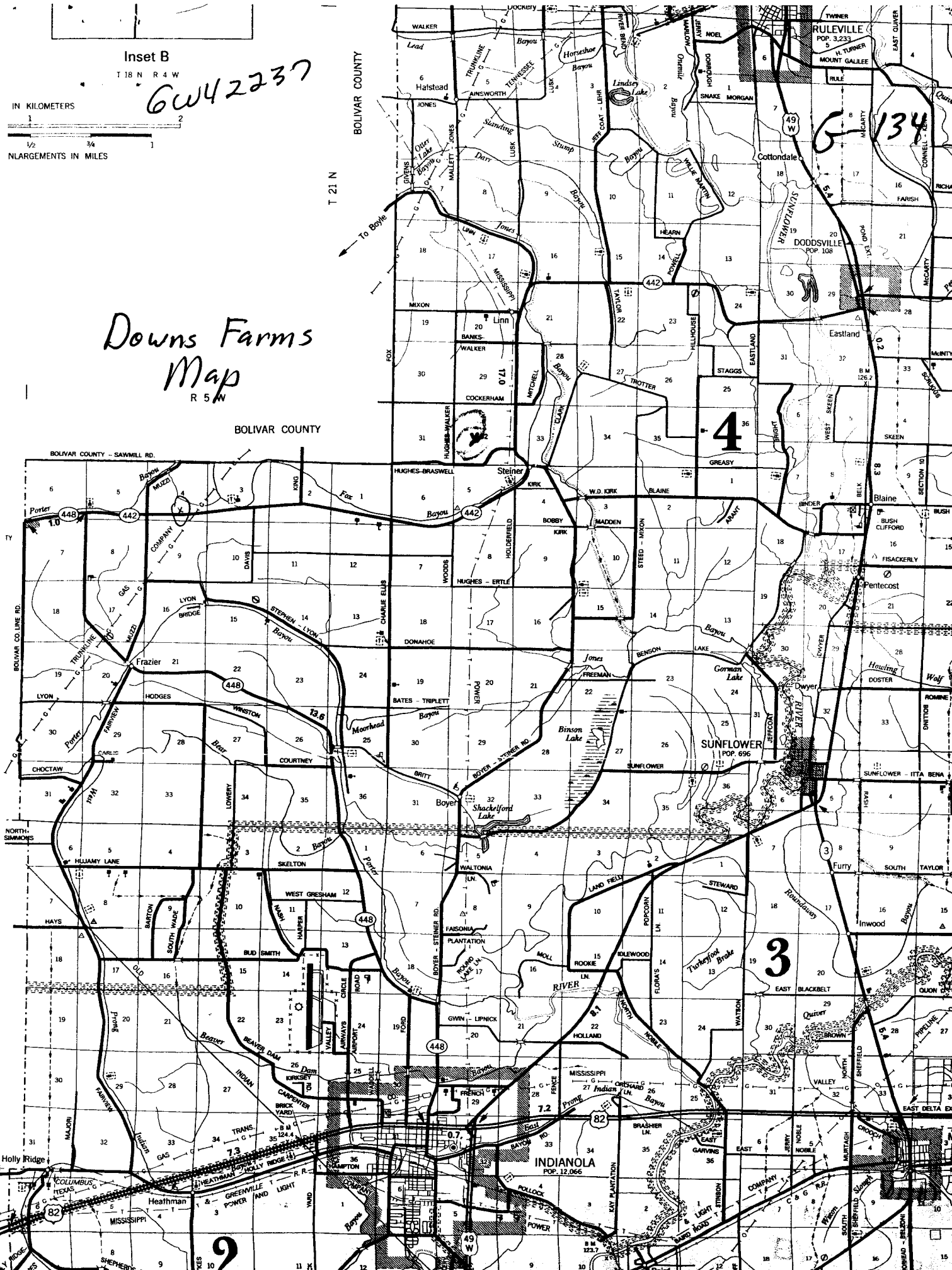


ENLARGEMENTS IN MILES

# Downs Farms Map

R 5 W

BOLIVAR COUNTY



T 21 N

BOLIVAR COUNTY

To Boyle

G-134

4

3

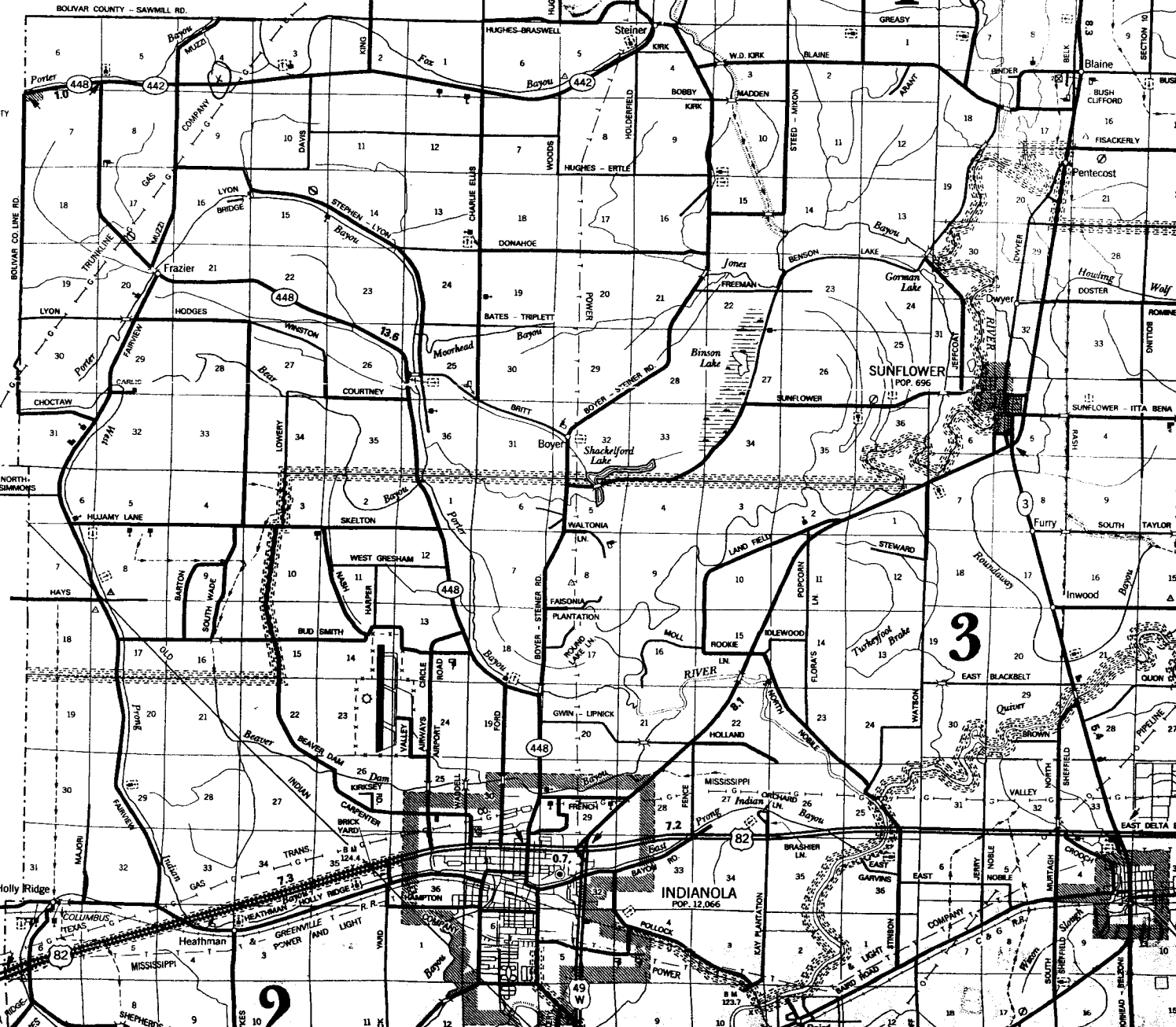
2

RULEVILLE  
POP. 3,233  
M. TURNER  
MOUNT GALILEE  
RULE

DODDSVILLE  
POP. 108

SUNFLOWER  
POP. 696

INDIANOLA  
POP. 12,066



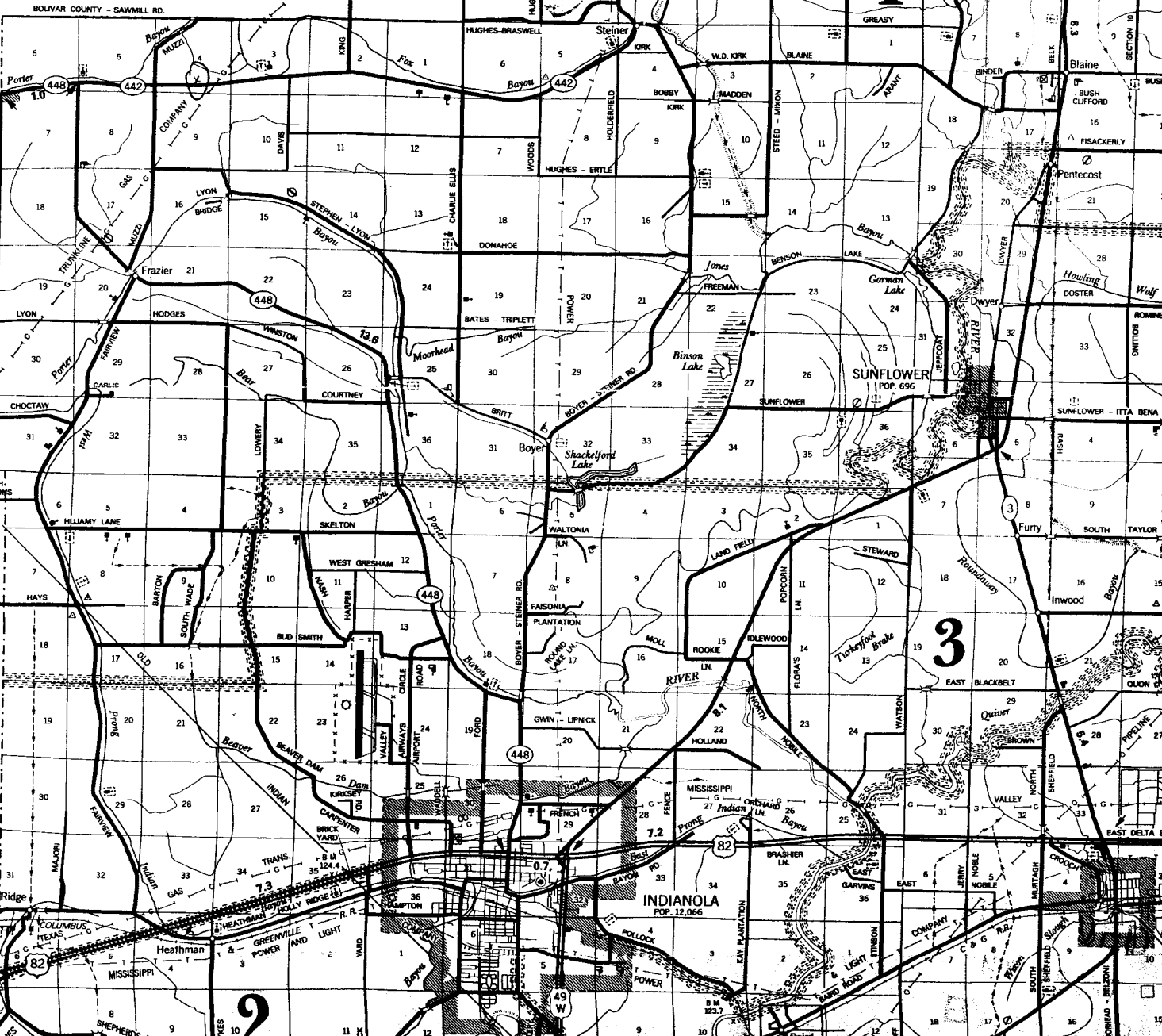
BOLIVAR COUNTY - SAWMILL RD.

BOLIVAR CO. LINE RD.

NORTH-SIMMONS

Holly Ridge

Y MOORE



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