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State Well Report Part 1

BY: OLWR For Office Use Only:

County: Sunflower
Permit #: CW12472
Irrigation Equipment
Driller:
Date drilling completed: 4-24-08

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)

Aquifer:
Well #: G-139
L. S. Elevation:
E-log #:

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: Lyons Brothers, 414 Stephen Lyons Rd, Shaw Ms. 38773, (662) 754-6396
Well Location: Latitude 33° 41' 49.6", Longitude 90° 39' 24.8", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SW 1/4 Sec 6, Twp 21N Rng 4W, Distance 6 Miles, Direction SE of Boyle

Well Data: Purpose of Well (circle one) Irrigation, Date well drilling started: 4-24-08, Date well drilling completed: 4-24-08, Static Water Level: 50 feet above or below land surface, Date measured: 5/2/08, Method of Measurement (circle one) steel tape, Hole depth: 127, Well depth: 127, Well grouted to a depth of 10 feet, Type of grout (circle one) Bentonite, 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



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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 #: 00042472
Irrigation Equipment
Driller:
Date completed: 4-24-08

For Office Use Only:
Aquifer:
Well #: G-139
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: Lyons Brothers, 414 Stephen Lyons Rd, Shaw Ms. 38773, Telephone No. 662 754-6396
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SW 1/4 Sec 6 Twp 21 N Rng 4 W, Distance 6 Miles SE of Boyle

Pump Type: Turbine
Power Type: Diesel Engine
Date Pump Installed: 5/2/08
Rated Pump Capacity: 2300± Gallons Per Minute
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 2

Pump Test Data: Date Well Tested, Static Water Level (A), Pumping Water Level (B), Drawdown [(B) - (A)], Test Pumping Rate, Duration of Pump Test
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape
For flowing well, measured shut in head:
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

