

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-7-09

### 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 #: G-147  
 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		Well Location	
Owner Name: <u>Winding Brook Corp.</u>	Latitude: <u>33° 39' 54"</u> Longitude: <u>90° 36' 00"</u>	Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Inverness Ms. 38753</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS	Telephone No. <u>(662) 265-5209</u>	NE 1/4 SW 1/4 Sec <u>18</u> Twn <u>21N</u> Rng <u>4W</u>
	Distance <u>4</u> Miles Direction <u>W</u> of Nearest Town <u>Doddsville</u>		
Well Data: <u>Old Well 16" Steel 30' West</u>			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other Replacement</u>	Date well drilling started: <u>7-7-09</u>	Date well drilling completed: <u>7-7-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>56</u> feet above or below (circle one) land surface	Date measured: <u>7-8-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>117</u> Well depth: <u>117</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>82</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>35</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>see back</u> feet to _____ 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. John P. Chism 0439		<u>John P. Chism</u> Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No.			

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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 #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 7-7-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G1A7  
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>Winding Brook Corp.</u>	Latitude: <u>33° 39' 54"</u> Longitude: <u>90° 36' 00"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Inverness Ms. 38753</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 13 Twn 21N Rng 4W</u>
Telephone No. <u>(662) 265-5209</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>Doddsville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> <input checked="" type="radio"/> Turbine <input type="radio"/>	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-8-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>1500±</u> Gallons Per Minute	Number of Stages: <u>2</u>

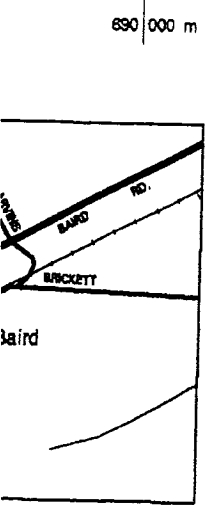
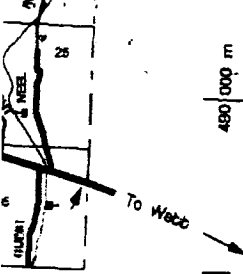
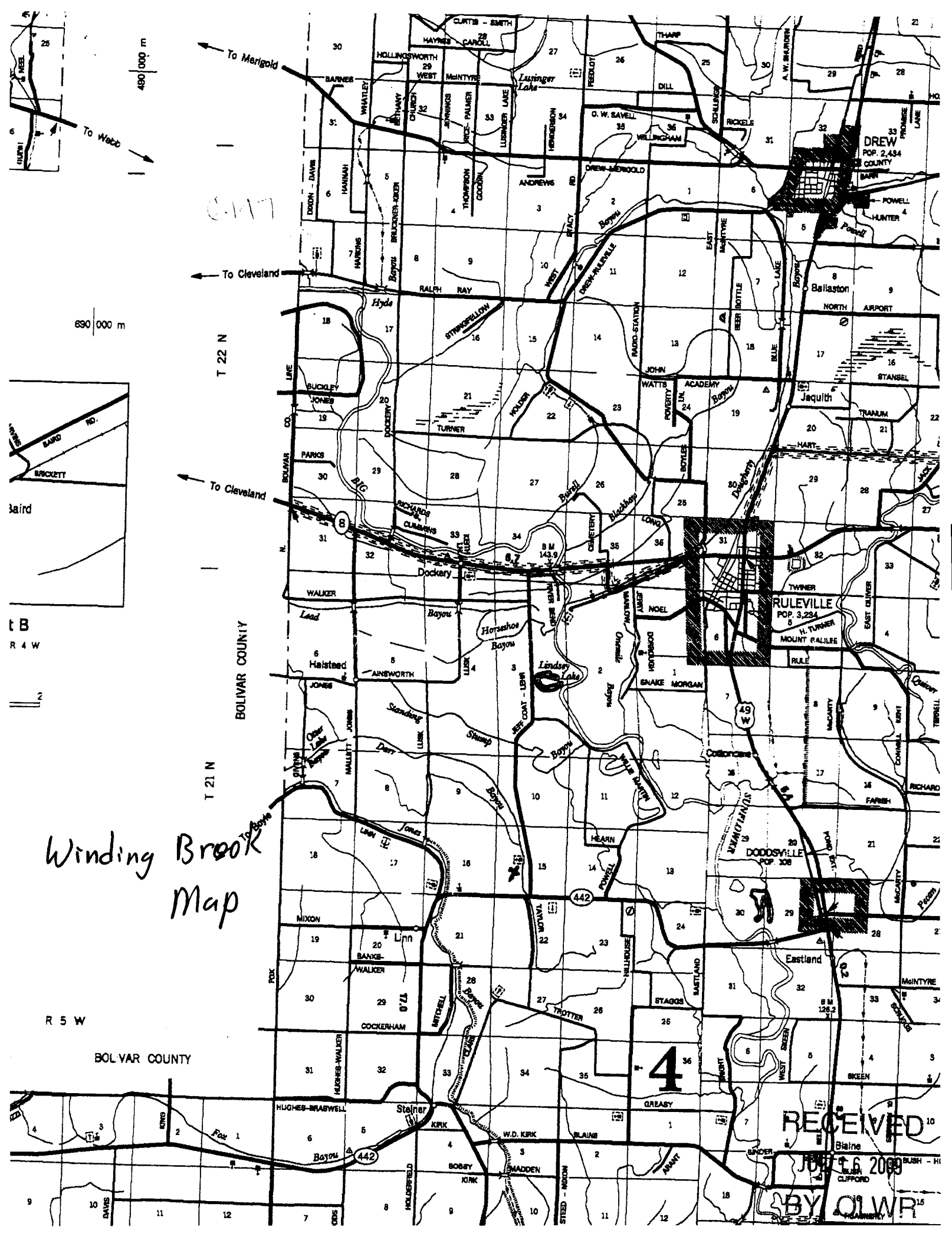
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet 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.

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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Winding Brook  
Map

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