

# 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 #: H147  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: GW-39745  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-28-04

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>Cottdondale</u>	Latitude: <u>33.41.51"</u> Longitude: <u>90.32.36"</u>
Mailing Address: <u>c/o Fischer Farm Services</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Box 926</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen, MS 39730</u>	NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>18</u> Twn <u>21N</u> Rng <u>3W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Ruleville</u>
Telephone No. <u>(662) 369-9531</u>	

Well Data		Irrigation Replacement
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____		
Date well drilling started: <u>7-28-04</u>	Date well drilling completed: <u>7-28-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>41 ft.</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>7-29-04</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
Hole depth: <u>126'</u> Well depth: <u>126'</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix		
Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>		
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>126</u> feet		
Type of completion (circle all applicable): <u>Gravel pack</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.  
Patrick M. Chism \_\_\_\_\_ 0695

Patrick M. Chism  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED  
AUG 12 2004  
BY: OLWR



# 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:**

Aquifer: \_\_\_\_\_

Well #: H147

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

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-29-04

**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>Cottondale</u>	Latitude: <u>334151</u> Longitude: <u>903236</u>
Mailing Address: <u>c/o Fischer Farm Services</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Box 926</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen, MS 39730</u>	NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 18 Twn 21N Rng 3W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662-369-9531</u> )	<u>1</u> Miles <u>South</u> of <u>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>7-29-04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>41'</u> 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.  
 Irrigation Equipment Inc.  
Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism  
 Signature of Pump Installer

**RECEIVED**  
 AUG 12 2004  
 BY: OLWR