

# 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)

County: Sunflower  
Permit #: GW40204  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-12-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J-107  
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>Downs Farms</u>	Latitude: <u>33° 35' 39.4"</u> Longitude: <u>90° 40' 33.2"</u>
Mailing Address: <u>63 Oakridge Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Boyle, MS 38730</u>	<u>NW 1/4 SW 1/4 Sec 12 Twn 20N Rng 5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>SW</u> Nearest Town: <u>Steiner</u>
Telephone No. (____) _____	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement

Date well drilling started: 5-12-05 Date well drilling completed: 5-12-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 38 feet above or below (circle one) land surface Date measured: 5-17-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 107 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: 1050 inches Setting depth: From 101 feet to 130 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. \_\_\_\_\_

Patrick M Chism  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

J-107

Ground Level

Description of Formations Encountered	From	To
Clay	0	15
Fine sand	16	100
Coarse sand + Gravel	101	130
Fine sand	131	137

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: \_\_\_\_\_

Patrick M. China  
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)

County: Sunflower  
 Permit #: 6W40204  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-17-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-107  
 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>Downs Farms</u> Mailing Address: <u>63 Oakridge Drive</u>  <u>Boyle MS 38730</u> <small>City State Zip Code</small> Telephone No. <u>662-843-8416</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 12 Twn 20N Rng 5W</u> Distance Direction Nearest Town <u>4 Miles SW of Steiner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-17-05</u> Rated Pump Capacity: <u>750</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>75</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet 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.

<u>Patrick M. Chism 0695</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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