

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 #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 10-25-05

For Office Use Only:
Aquifer: _____
Well #: J-109
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>Don Kisky</u> | Latitude: <u>33.32.38</u> ^N Longitude: <u>90.42.91</u> ^W |
| Mailing Address: <u>HC5 Box 5613</u> | Method of Lat/Long (circle one): <u>A7</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Theodosier, MO 65671</u> | <u>SE 1/4 SE 1/4 Sec 28 Twn 20N Rng 5W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>7 Miles NW of Indianola</u> |
| Telephone No. () _____ | |

Well Data

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

Date well drilling started: 10-25-05 Date well drilling completed: 10-25-05

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 10-26-05

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

Hole depth: 123' Well depth: 123' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 84 feet to 123 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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BY: OLWR

J.

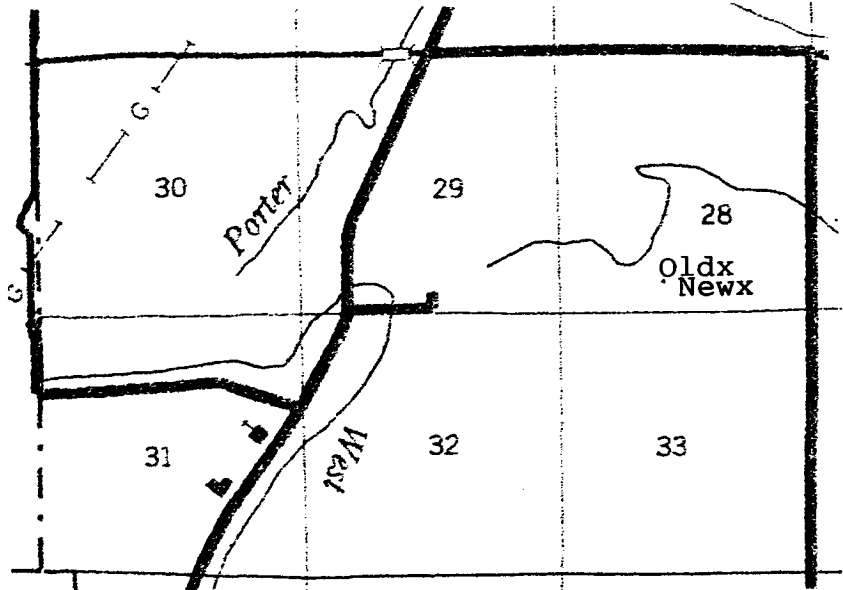
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 22 |
| Fine Sand | 23 | 34 |
| Fine Sand/gravel | 35 | 48 |
| Med. Sand/gravel | 49 | 123 |
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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. Chin

 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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 10-26-05

For Office Use Only:

Aquifer: _____
 Well #: J-109
 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>Don Kisky</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>HC5 Box 5613</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Theodosier, MO 65671</u> City State Zip Code | <u>SE ¼ SE ¼ Sec 28 Twn 20N Rng 5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>7 Miles NW of Indianola</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>10-26-05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2200</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 Electric Measuring Line 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 _____ 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 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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