

Replaced well drilled 2-26-07  
New well 15' North of bad well.

### State Well Report Part I

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 #: J-116  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Femid #: GW42165  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-21-07

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>Tricotton</u>	Latitude: <u>33.36.52.9</u> Longitude: <u>90.43.28.8</u>
Mailing Address: <u>85 Hwy 442</u>	Method of Lat/Long (circle one): <u>53</u> Conventional Survey, <u>29</u>
<u>Shaw</u> <u>Ms.</u> <u>38773</u>	<u>SW</u> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>5</u> Twn <u>20N</u> Rng <u>5W</u>
Telephone No. <u>(662) 754-5148</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>East</u> of <u>Shaw</u>

Well Data

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

Date well drilling started: 9-21-07 Date well drilling completed: 9-21-07

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

Static Water Level: 49 feet above or below (circle one) land surface Date measured: 9-24-07

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: 97 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 98 feet to 137 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): \_\_\_\_\_

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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 Patrick M. Chism

6W42165

J-116

If well telescopes please sketch below and show depths.

Ground Level

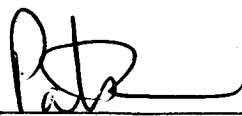
Description of Formations Encountered	From	To
Clay	0	38
Fine Sand	39	49
Fine Sand + Gravel	50	58
Medium Sand + Gravel	59	68
Fine Sand + Gravel	69	93
Medium Sand + Gravel	94	119
Medium Sand	116	137

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.

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Landowner Name: Tricotton

  
 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)

For Office Use Only:

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

Well #: J-116

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

County: Sunflower  
 Permit #: 60242165  
 Irrigation Equipment  
 Installer: \_\_\_\_\_  
 Date completed: 9-21-07

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>Tricotton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>85 Hwy 442</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Shaw</u> <u>Ms.</u> <u>38773</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec. 5 Twn 20N Rng 5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>3 Miles East of Shaw</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____
Date Pump Installed: <u>9-24-07</u>	Horse Power Rating of Motor: <u>60</u> <span style="font-size: 2em; vertical-align: middle;">RECEIVED</span>
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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

Print Name of Pump Installer and License No. (if applicable)

Patrick  
 Signature of Pump Installer

# Tricotton Map

QW42165

R 5 W

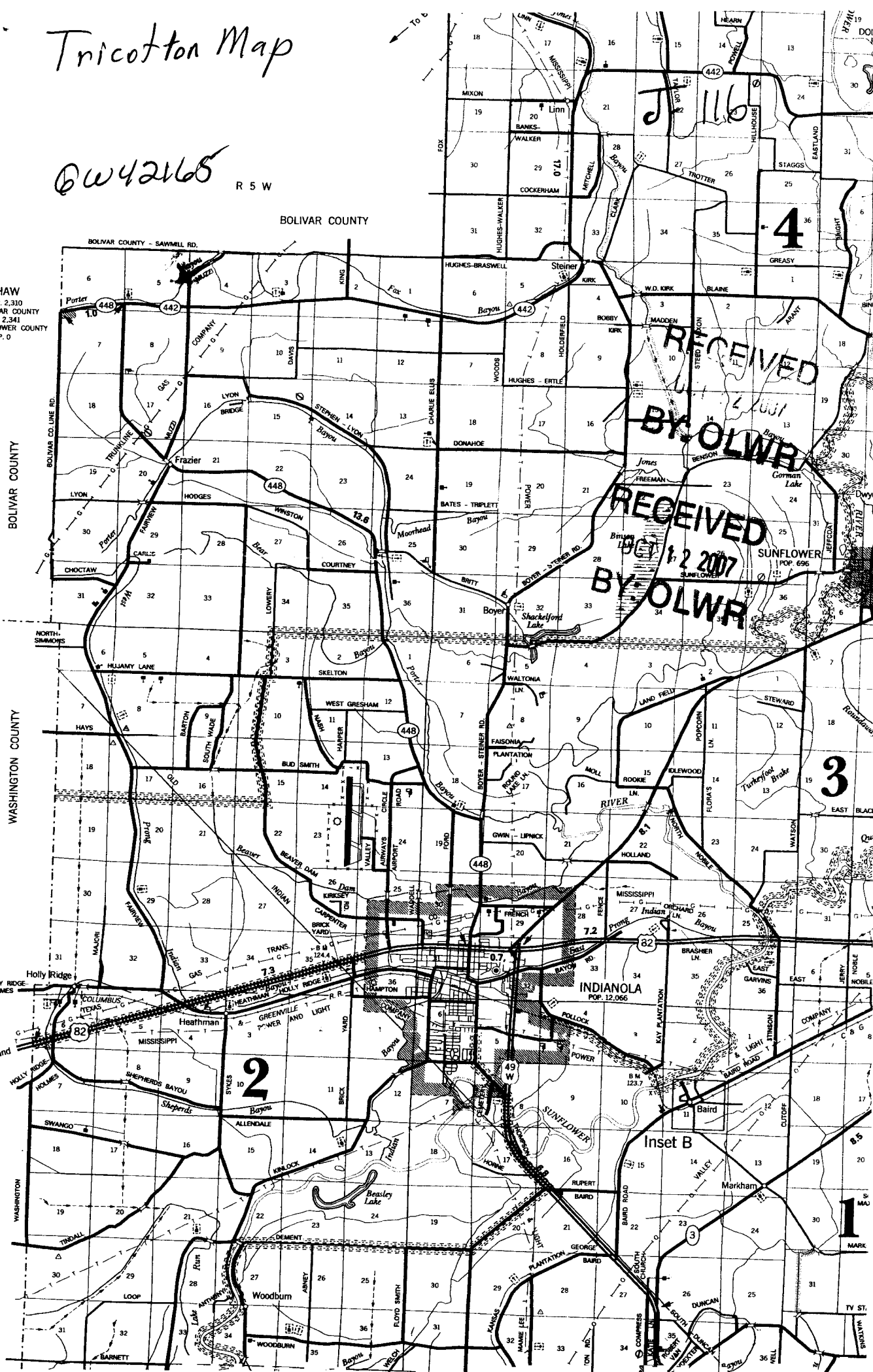
BOLIVAR COUNTY

SHAW  
POP. 2,310  
IN BOLIVAR COUNTY  
POP. 2,341  
IN SUNFLOWER COUNTY  
POP. 0

T 20 N  
BOLIVAR COUNTY

T 19 N  
WASHINGTON COUNTY

T 18 N



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