

County: Sunflower
 Permit #: GW-44342
 Driller: Irrigation Equipment
 Date drilling completed: 6-4-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: J 179
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Nancy Chiz</u>	Latitude: <u>33° 33' 51.6"</u> Longitude: <u>90° 44' 00.2"</u>
Mailing Address: <u>887 Fairview Road</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Shaw</u> <u>Ms.</u> <u>38773</u>	<u>NW</u> <u>SE</u> <u>1/4</u> Sec <u>20</u> Twn <u>20N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>3</u> Miles <u>SE</u> of <u>Shaw</u>

Well / Borehole Data

Date drilling started: 6-4-10 Date drilling completed: 6-4-10 Hole depth: 121 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

Static Water Level: 33 feet above of below (circle one) land surface Date measured: 6-5-10

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

Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 82 feet to 121 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 next page*

[Handwritten signatures and stamps]

County: Sunflower
 Permit #: GW-44342
 Irrigation Equipment
 Driller: _____
 Date completed: 6-4-10
 Copy information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: J179
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Nancy Chiz</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>887 Fairview Rd</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Shaw Ms. 38773</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City State Zip Code		<u>MW 1/4 SE 1/4 Sec 20 T 20N R 5W</u>	
Telephone No. () _____		Distance _____ Miles <u>SE</u> of <u>Shaw</u>	

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>40</u>		
Date Pump Installed: <u>6-5-10</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>1600 ±</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	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				

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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) [Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

RECEIVED
 JUN 17 2010
 BY: OLWR