

County: Sunflower  
 Permit #: GW-45349  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 6-4-11

**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: J188  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Tri-Cotton</u>          Mailing Address: <u>90 Steve Skelton</u>  <u>85 Hwy 442</u>  <u>Shaw Ms. 38773</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33.36.420</u> Longitude: <u>90.43.57.7</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>9W 1/4 N8 1/4 Sec 5</u> Twn <u>20N</u> Rng <u>5W</u>          Distance Direction Nearest Town  <u>2</u> Miles <u>E</u> of <u>Shaw</u></p>
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**Well / Borehole Data**

Date drilling started: 6-4-11 Date drilling completed: 6-4-11 Hole depth: 145 Hole diameter: 24"  
 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: Replacement  
 If a flowing well, method of flow regulation: Valve \_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 48 feet above of below (circle one) land surface Date measured: 6-6-11  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 8085 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: See back inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

Old well, 20' East



County: Sunflower  
 Permit #: GW-45349  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-4-11  
*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: \_\_\_\_\_  
 Well #: J188  
 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>Tricotton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C/O Steve Skelton</u> <u>85 Hwy 442</u> <u>Shaw Ms. 38773</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>5</u> T <u>20N</u> R <u>5W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town <u>Shaw</u> <u>2</u> Miles <u>E</u> of _____

Pump Type	Power Type
Circle one Air Lift _____ Jet _____ Submersible _____ Bucket _____ Piston _____ <u>Turbine</u> _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____	Circle one <u>Diesel Engine</u> _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____
Date Pump Installed: <u>6-6-11</u>	Horse Power Rating of Motor: <u>80</u>
Rated Pump Capacity: _____ Gallons Per Minute	Setting Depth: <u>80</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one 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 of Pump Installer