

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)

For Office Use Only:

Aquifer: _____
Well #: K-113
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 20040538
Irrigation Equipment
Driller: _____
Date drilling completed: 8-23-05

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>Dyche Plantation</u>	Latitude: <u>33 35 38N</u> Longitude: <u>90 33 82W</u>
Mailing Address: <u>397 Blaine Road</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>Sunflower, MS 38778</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>12</u> Twn <u>20N</u> Rng <u>4W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>662-887-6465</u>)	<u>3</u> Miles <u>SW</u> of <u>Blaine</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <input checked="" type="radio"/> Fish Culture <input checked="" type="radio"/> Other <u>Pond 9-A Replacement</u>	
Date well drilling started: <u>8-23-05</u> Date well drilling completed: <u>8-23-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>55'</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>8-24-05</u>	
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape electric tape air line other: _____	
Hole depth: <u>136'</u> Well depth: <u>136'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite Mix	
Casing length: <u>96</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>97</u> feet to <u>136</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.	
<u>Irrigation Equipment Inc.</u> <u>Patrick M. Chism 0695</u>	<u>Patrick M Chism</u>
Print Name of Water Well Contractor and License No.	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 #: 40588
 Irrigation Equipment
 Driller: _____
 Date completed: 8-23-05

For Office Use Only:

Aquifer: _____
 Well #: W13
 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>Dyche Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>397 Blaine Road</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Sunflower MS 38778</u>	<input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 12 Twp 20N Rng 4W</u>
Telephone No. (<u>662-887-6465</u>)	Distance Direction Nearest Town
	<u>3 Miles SW of Blaine</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-24-05</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2500</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

8-23-05
 10:00 AM
 10:00 AM