

County: Sunflower  
 Permit #: GW-47380 ✓  
 Driller: Irrigation Equipment  
 Date drilling completed: 06/29/2013

**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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: K155  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Bobby Kirk</u>	Latitude: <u>33 36' 38.6 N</u> Longitude: <u>90 36' 39.9 W</u>
Mailing Address: <u>32 Bobby Kirk Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Doddsville</u> <u>Ms</u> <u>38736</u>	<u>SW 1/4 NE 1/4, Sec 4 T 20 N R 4 W</u>
City State Zip code	<u>.5</u> Miles <u>Southeast</u> of <u>Steiner</u>
Telephone No. ( ) -	<small>(Distance) (Direction) (Nearest Town)</small>

**Well / Borehole Data**

Date drilling started: 06/29/2013 Date drilling completed: 06/29/2013 Hole depth: 126 Hole diameter: 18"

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 (check 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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_

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

Static Water Level: 55' feet [ above or  below] land surface Date measured: 07/02/2013  
(check one)

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 126 Well grouted to a depth of: 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 86 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 87 feet to 126 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  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*

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**BY: OLWR**



County: Sunflower  
 Permit #: GW-47380  
 Driller: Irrigation Equipment  
 Date drilling completed: 06/29/2013  
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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: K155  
 Aquifer: \_\_\_\_\_

*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.*

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>Bobby Kirk</u></p> <p>Mailing Address: <u>32 Bobby Kirk Road</u></p> <p><u>Doddsville</u>                      <u>Ms</u>                      <u>38736</u>  <small>City                                      State                                      Zip code</small></p> <p>Telephone No.    <u>( ) -</u></p>	<p align="center"><b>Well Location</b></p> <p>Latitude: <u>33 36' 38.6 N</u>    Longitude: <u>90 36' 39.9 W</u></p> <p>Method of Lat/Long (check one):    <input type="checkbox"/> Conventional Survey,  <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS</p> <p align="center"><u>SW 1/4 NE 1/4, Sec 4 T 20 N R 4 W</u></p> <p><u>.5</u> Miles    <u>Southeast</u> of    <u>Steiner</u>  <small>(Distance)                      (Direction)                      (Nearest Town)</small></p>
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**Pump Type (check one)**

Submersible     Turbine     Air Lift     Centrifugal     Flowing Well     Jet     Piston     Rotary     Other (describe): \_\_\_\_\_

Date Pump Installed 07/02/2013                      Rated Pump Capacity: 900+/- Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric     Diesel     Gasoline     Natural Gas     Tractor PTO     Windmill     Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 25                      Setting Depth: 70 feet    Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_                      Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ Hours  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface    Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface    Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Method of measurement (check one):  Steel tape     Electric tape     Air line     Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ Feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: None Installed                      Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_                      Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_                      Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New     Repaired     Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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 AUG 05 2013  
 BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick Chism                      0695                      07/26/2013  
Print Name of Pump Installer and License No. (if applicable)                      Date                      Signature of Pump Installer