

# 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 #: L 124 133  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower

Permit #: 6W-39786

Irrigation Equipment

Driller: \_\_\_\_\_

Date drilling completed: 9-9-04

**IRRIGATION EQUIPMENT, INC.**

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>McLean Farms</u>	Latitude: <u>33 37 58N</u> Longitude: <u>90 29 43W</u>
Mailing Address: <u>3426 Amroth Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Collierville, TN 38017</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	SE <u>1/4</u> NW <u>3</u> 20N Rng <u>3W</u>
Telephone No. ( <u>901-853-3935</u> )	Distance Direction Nearest Town
	<u>3 Miles SE of Doddsville</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 9-9-04 Date well drilling completed: 9-9-04

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

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 9-10-04

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

Hole depth: 126' Well depth: 126' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86' feet Casing diameter: 16" inches Type of casing: PVC Sch. 40

Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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



