

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-195
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 6W 41599
Irrigation Equipment
Driller: _____
Date drilling completed: 3-09-07

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>Kathy Byrd</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1290 Buenos Ave.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>San Diego CA 92110</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 15 Twn 20N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles East of Blaine</u>
Contact: <u>Brian Byrd</u>	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture <input checked="" type="checkbox"/> Replacement Other: _____	
Date well drilling started: <u>3-9-07</u> Date well drilling completed: <u>3-9-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>56</u> feet above or below (circle one) land surface Date measured: <u>3-13-07</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape electric tape air line other: _____	
Hole depth: <u>117</u> Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite Mix	
Casing length: <u>77</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>78</u> feet to <u>117</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic 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>	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor <u>Patrick M Chism</u>

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BY: OLWR

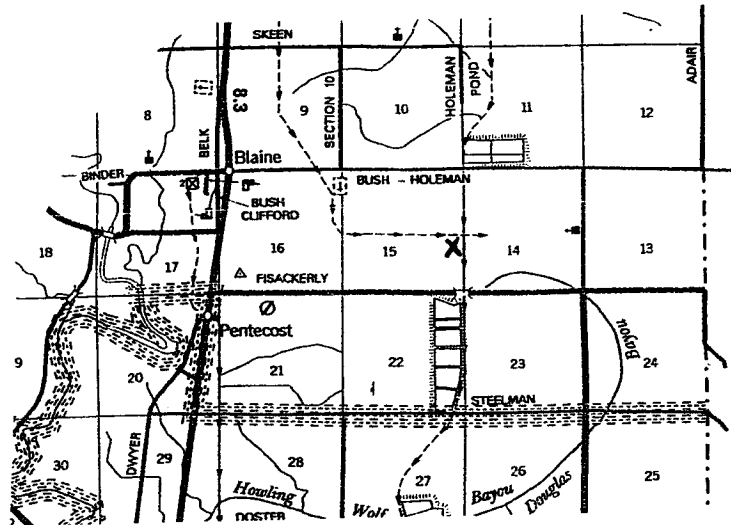
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Clay/fine sand	26	35
fine sand	36	55
Med. Sand	56	75
Coarse Sand/gravel	76	105
Coarse Sand	106	115
Med. Sand/gravel	116	117

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: _____

Patrick M. O.
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 #: 6W41599
 Irrigation Equipment
 Driller: _____
 Date completed: 3-9-07

For Office Use Only:

Aquifer: _____
 Well #: L-195
 Elevation: _____

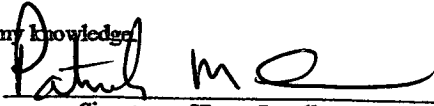
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Kathy Byrd</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1290 Buenos Ave.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>San Diego CA 92110</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>20N</u> Rng <u>3W</u>
<u>662-569-3722</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>East</u> of <u>Blaine</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input checked="" type="radio"/> Turbine	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-13-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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 

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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