

# 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-196  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6W 41598  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-10-07

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>Byrd Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>68 Romine Morgan Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>SW</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sunflower MS 38778</u>	<u>NW</u> 1/4 NE 1/4 Sec 32 Twn 20N Rng 3W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662-5693722</u> )	<u>1</u> Miles <u>North</u> of <u>Sunflower</u>

**Well Data**

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

Date well drilling started: 3-10-07 Date well drilling completed: 3-10-07

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 3-10-07

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 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 85 feet to 124 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): \_\_\_\_\_

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

*Patrick M Chism*  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED  
MAR 30 2007  
BY: OLWF

L-

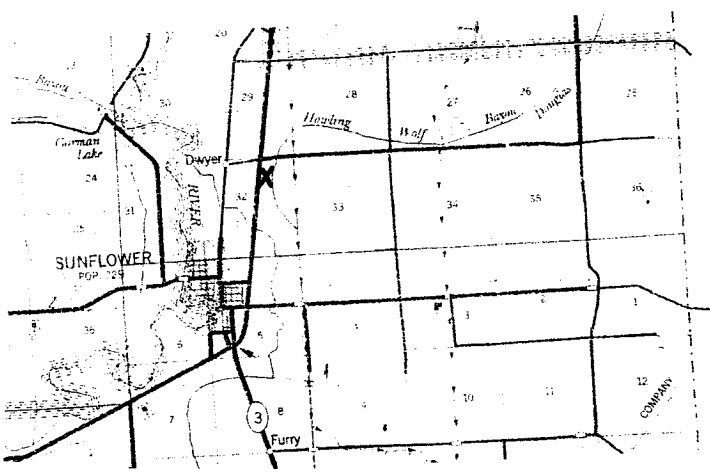
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Clay/fine sand	36	45
fine sand	46	55
Med. Sand	56	75
Coarse Sand	76	85
Coarse Sand/gravel	86	105
Gravel	106	115
Coarse Sand	116	124

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: \_\_\_\_\_

*Patrol m e*  
 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 #: GW 41598  
 Irrigation Equipment  
 Driller:  
 Date completed: 3-10-07

For Office Use Only:

Aquifer:  
 Well #: L-196  
 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>Byrd Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>68 Romine Morgan Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Sunflower MS 38778</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> Twp <u>20N</u> Rng <u>3W</u>
Telephone No. ( ) <u>662-569-3722</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>Norht</u> of <u>Sunflower</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-10-07</u>	Setting Depth: <u>80</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 RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAR 30 2007  
 BY OLWR