

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-205
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW 42355
Driller: Irrigation Equipment
Date drilling completed: 2-28-08

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>Andy Bennett</u>	Latitude: <u>33° 34' 05.7"</u>	Longitude: <u>90° 50' 02.3"</u>	
Mailing Address: <u>P.O. Box 701</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>		
<u>Indianola Ms. 38751</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>27</u> Twn <u>20N</u> Rng <u>3W</u>		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. <u>(662) 207-0254</u>	<u>2</u> Miles <u>NE</u> of <u>Sunflower</u>		
Well Data <u>Old Well 20' East</u>			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u>			
Date well drilling started: <u>2-28-08</u> Date well drilling completed: <u>2-28-08</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-29-08</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>125</u> Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>85</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.050</u> inches Setting depth: From <u>see back</u> feet to _____ feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> 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</u>	
<u>Patrick M. Chism 0695</u>		<u>Patrick</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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L-205

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	38
Fine Sand + Gravel	39	48
Medium Sand + Gravel	49	81
Fine Sand	82	93
Medium Sand + Gravel	94	114
Clay	115	125
Screen .050		
67-81		
95-114		

11' blank
10' blank

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.

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Landowner Name: Andy Bennett

Patric
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 #: _____
 Driller: Irrigation Equipment
 Date completed: 2-28-08

For Office Use Only:

Aquifer: _____
 Well #: L-205
 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>Andy Bennett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 701</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Indianola</u> <u>Ms.</u> <u>38751</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>20N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 207-0254</u>	<u>2</u> Miles <u>NE</u> of <u>Sunflower</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>6</u>
Date Pump Installed: <u>2-29-08</u>	Setting Depth: <u>70</u>
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

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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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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