

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 #: M-131
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 6W43148
Driller: Irrigation Equipment
Date drilling completed: 4/9/09

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>Vernon Skelton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5877 Hwy 61 North</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>Leland</u> <u>Ms.</u> <u>38756</u>	<u>NW 1/4 SW 1/4</u> Sec <u>26</u> Twn <u>19N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>West</u> of <u>Indianola</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other: _____	<u>Pivot</u>
Date well drilling started: <u>4/9/09</u>	Date well drilling completed: <u>4/9/09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>31</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface	Date measured: <u>4/16/09</u>
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Hole depth: <u>126</u> Well depth: <u>126</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>86</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>126</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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 <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism
Signature of Water Well Contractor

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BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: M-131

Elevation: _____

County: Sunflower
Permit #: GW43148
Irrigation Equipment
Driller: _____
Date completed: 4/9/09

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>Vernon Skelton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5877 Hwy 61 North</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leland</u> <u>Ms.</u> <u>38756</u>	<u>NW 1/4 SW 1/4 Sec 26 Twn 19N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>West</u> of <u>Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>4/16/09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000 ±</u> Gallons Per Minute	Number of Stages: <u>1</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.

John P. Chism 0439

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

John P. Chism
Signature of Pump Installer

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APR 24 2009

BY: OLWR