

# 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)

County: Sunflower  
Permit #: MS-GW-39913  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-23-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-136  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Earl Alford</u>	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
Mailing Address: <u>Box 710</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Indianola, MS 38751</u> City State Zip Code	<u>SW ¼ NE ¼ Sec 29 Twn 19N Rng 4W</u>
Telephone No. <u>(662)-887-9971</u>	Distance <u>1</u> Miles Direction <u>NE</u> Nearest Town <u>of Indianola</u>

**Well Data**

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

Date well drilling started: 5-23-05 Date well drilling completed: 5-23-05

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

Static Water Level: 29' feet above or below (circle one) land surface Date measured: 5-24-05

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

Hole depth: 127' Well depth: 127' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 10 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 88' feet to 127' 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*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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JUN 13 2005

BY: OLWR

If well telescopes please sketch below and show depths.

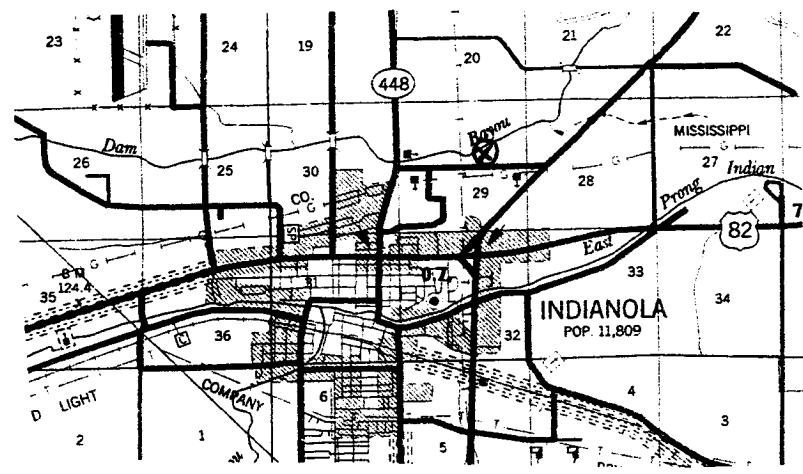
N-136

Ground Level

Description of Formations Encountered	From	To
Brown Sand	0	15
Clay	16	25
Fine Sand/gravel	26	85
Coarse Sand/gravel	86	127

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. Chin  
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 #: MS-GW-39913  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-24-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-136  
 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>Earl Alford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 710</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Indianola, MS 38751</u>	<u>SW 1/4 NE 1/4 Sec 29 Twn 19N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
<u>662-887-9971</u>	<u>1 Miles NE of Indianola</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>5-24-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>350</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 _____ 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)

Patrick M Chism  
 Signature of Pump Installer

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 JUN 13 2005  
 BY: OLWR