

# 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 #: 6W41261  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-2-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N-141  
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>Jubilee Fish Farm</u>	Latitude: <u>33 29 48.4</u> Longitude: <u>90 35 09.5</u>
Mailing Address: <u>1301 Bayou Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Indianola</u> MS <u>38751</u>	NW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>14</u> Twn <u>19N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
<u>662-887-4053</u>	<u>4</u> Miles <u>NE</u> of <u>Indianola</u>
Telephone No. ( )	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>(Fish Culture)</u> <u>(Other)</u> Replacement	Date well drilling started: <u>8-2-06</u> Date well drilling completed: <u>8-2-06</u> <u>6W11084</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>42'</u> feet above or below (circle one) land surface Date measured: <u>8-4-06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>134</u> Well depth: <u>134</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>(Bentonite)</u> Mix	Casing length: <u>94</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>95</u> feet to <u>134</u> 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.

Irrigation Equipment Inc.  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Patrick M. Chism  
Signature of Water Well Contractor

RECEIVED  
AUG 23 2006  
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)

County: Sunflower  
 Permit #: 6W41261  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 8-2-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-141  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Jubilee Fish Farm</u> Mailing Address: <u>1301 Bayou Drive</u> _____ <u>Indianola, MS 38751</u> City State Zip Code <u>662-887-4053</u> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ NW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>14</u> T <u>19</u> N R <u>4</u> W Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <b>Turbine</b> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-4-06</u> Rated Pump Capacity: <u>2300</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <b>Electric Motor</b> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured slant in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)

RECEIVED  
 AUG 23 2006  
 Signature of Pump Installer

Form: OLWR-SWR-1B