

# 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 #: \_\_\_\_\_  
Driller: Irrigation Equipment  
Date drilling completed: 7-29-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-192  
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>Jamie Bradshaw</u>     | Latitude: <u>33.3245.2</u> Longitude: <u>90.29.14.0</u>                        |
| Mailing Address: <u>806 Lamar St.</u> | Method of Lat/Long (circle one): <u>45</u> Conventional Survey, <u>74</u>      |
| <u>Inverness Ms. 38753</u>            | USGS quad, Hand-held GPS, Survey-grade GPS                                     |
| City State Zip Code                   | <u>SW 1/4 NW 1/4 Sec 2 Twn 19N Rng 3W</u>                                      |
| Telephone No. ( ) _____               | Distance Direction Nearest Town<br><u>3</u> Miles <u>E</u> of <u>Sunflower</u> |

Well Data: Old well 40' East

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

Date well drilling started: 7-29-08 Date well drilling completed: 7-29-08

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

Static Water Level: 56 feet above or below (circle one) land surface Date measured: 7-30-08

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

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

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor: 

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If well telescopes please sketch below and show depths.

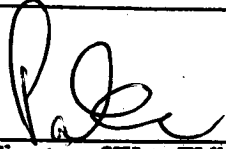
Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 24  |
| Fine Sand                             | 25   | 38  |
| Fine Sand + Gravel                    | 39   | 49  |
| Medium Sand + Gravel                  | 50   | 124 |
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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: Jamie Bradshaw

  
Signature of Water Well Contractor

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# 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 #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 7-29-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q-192  
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.

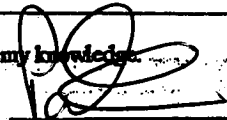
| Well Owner Information               | Well Location   |
|--------------------------------------|---|
| Owner Name: <u>Jamie Bradshaw</u>    | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>806 Lamar St</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Inverness Ms. 38753</u>           | <u>SW ¼ NW ¼ Sec 2 Twn 19N Rng 3W</u>   |
| City State Zip Code                  | Distance Direction Nearest Town   |
| Telephone No. ( ) _____              | <u>3 Miles E of Sunflower</u>   |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>40</u>                                  |
| Date Pump Installed: <u>7-30-08</u>  | Setting Depth: <u>80</u> feet   |
| Rated Pump Capacity: <u>1600±</u> Gallons Per Minute                                   | Number of Stages: <u>1</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>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.

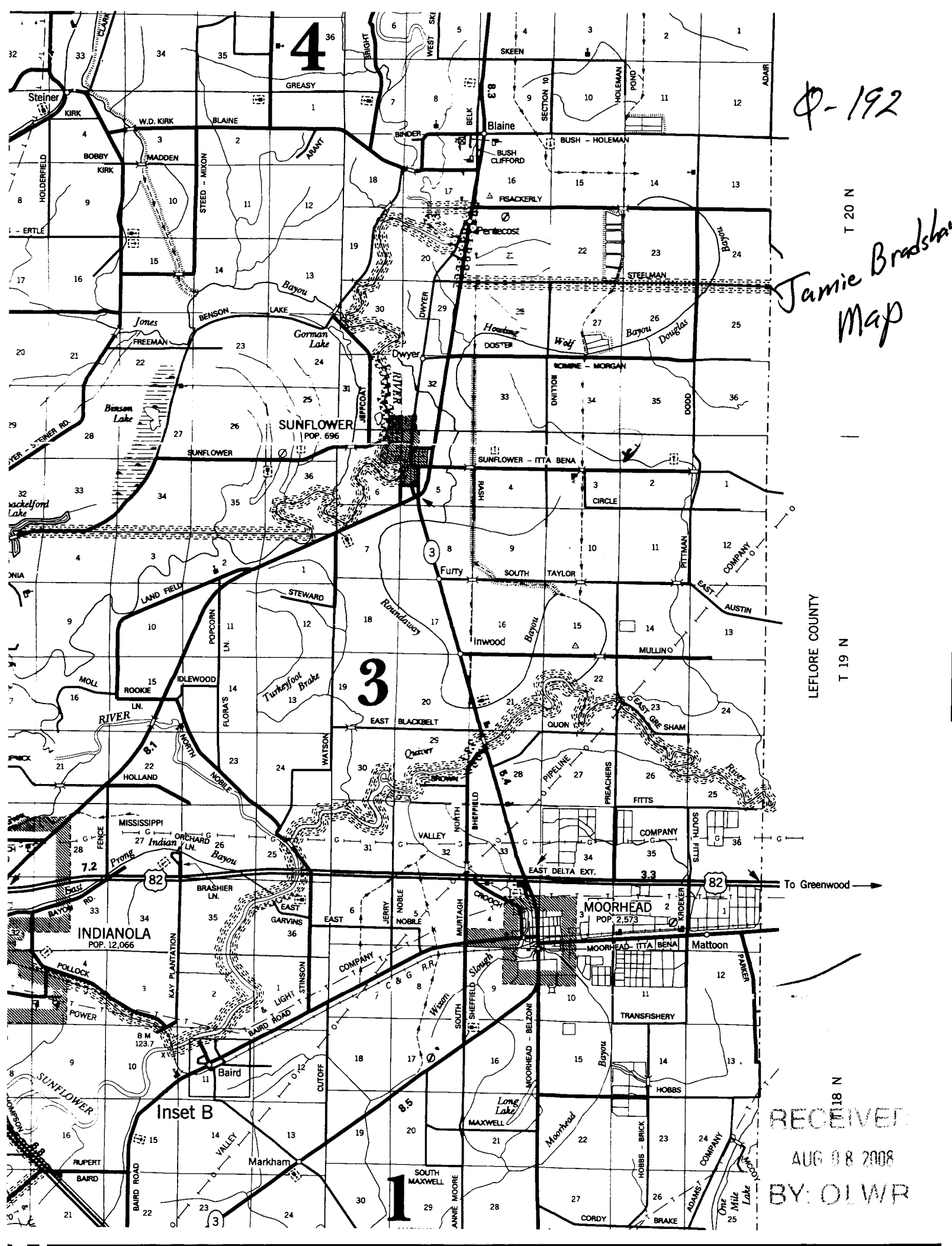
Patrick M. Chism 0695  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

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BY: OLEWR



Q-192

Jamie Bradshaw  
Map

LEFLORE COUNTY

T 20 N

T 19 N

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Inset B

1  
SOUTH  
MAXWELL  
ANNIE MOORE

MOORHEAD  
POP. 2,573

INDIANOLA  
POP. 12,066

SUNFLOWER  
POP. 696