County: Sunflower
Permit #: GW-45007
Driller: Irrigation Equipment
Date drilling completed: 3-7-11

# State Well Report
## Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:
Aquifer: 0212
Well #:
L. S. Elevation:
E-log #:

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

**Information on Well Owner**
*(Landowner if borehole is not for a water well)*

Owner Name: Widman Bayou Bend Inc.
Mailing Address: Box 926
Aberdeen Ms 39730
City State Zip Code
Telephone No. (662) 369-9531

**Well or Borehole Location**

Latitude: 33-31 44.3 Longitude: 90-30-00.8
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS ✓
SW ¼ SW ¼ Sec. 3 Twn. 19N Rng. 3W
SE NW 10
Distance 2 Miles Direction E of Nearest Town Sunflower

**Well / Borehole Data**

Date drilling started: 3-7-11 Date drilling completed: 3-7-11 Hole depth: 127 Hole diameter: 24"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well ✓ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
Seismic Survey ___ Other (describe)
*If drilling is not related to water well construction, skip the remainder of this block*
Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: Replacement
If a flowing well, method of flow regulation: Valve ___ Other (describe)
Static Water Level: 59 feet above or (below) (circle one) land surface Date measured: 3-8-11
Method of Measurement (circle one) (steel tape) electric tape air line other:
Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
Casing length: 87 72 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From See back feet to feet
Type of completion (circle all applicable): (Gravel packed) Undercreamed 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 next page*

Form: OLWR-SWR-1A (04/08)

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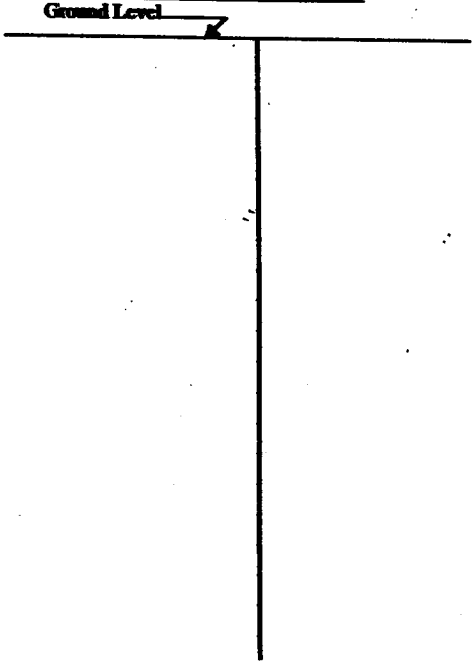
0212

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

Ground Level



If more than one screen, show location of each on sketch

***Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations***

| Description of Formations Encountered | From (depth) | To (depth) |
|---|---|---|
| Clay | Ground Level | 22 |
| Fine Sand | 23 | 27 |
| Fine Sand & Gravel | 28 | 45 |
| Med. Sand & Gravel | 46 | 104 |
| Fine Sand | 105 | 112 |
| Med. Sand & Gravel | 113 | 121 |
| Fine Sand | 122 | 127 |
| | | |
| | | |
| Screen .050 32' | 73 | 104 |
| Blank | 105 | 113 |
| Screen .050 8' | 114 | 121 |
| Blank | 122 | 127 |

**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) a north arrow.**

**Landowner Name:** _____

**Form: OLWR-SWR-1A (04/08)**

**I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.**

Patrick M Chism 0695

**Print Name of Responsible Licensee and License No.** **Date** **Signature of Licensee**

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BY: OLWR

County: Sunflower

Permit #: _____

Driller: Irrigation Equipment

Date completed: 3-7-11

*Copy information from block on Part 1*

# STATE WELL REPORT
## Part 2

**Pump Installer's Completion Report**
**Mississippi Department of Environmental Quality**
**Office of Land and Water Resources**
**P.O. Box 2309**
**Jackson, MS 39225**
**(601)961-5210**
**(601)961-5228 (fax)**

**For Office Use Only:**

Aquifer: _____

Well #: Ø212

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**

Owner Name: Widman Bayou Bend Inc.

Mailing Address: Box 926

Aberdeen Ms. 39730
City State Zip Code

Telephone No. (____) _____

**Well Location**

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____

SW ¼ SW ¼ Sec. 3 T 19N R 3W
SE NW 10

Distance 2 Miles E of Sunflower
Direction Nearest Town

**Pump Type**
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | (Turbine)
Centrifugal | Rotary | Flowing Well

Other (specify): _____

Date Pump Installed: 3-8-11

Rated Pump Capacity: 2000 ± Gallons Per Minute

**Power Type**
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify): _____

Horse Power Rating of Motor: 50

Setting Depth: 90 feet

Number of Stages: 2

**Pump Test Data**

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

**Method of Measuring Water Level**
Circle one

Air Line | Electric Measuring Line | Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well | Replacement of Existing Pump | Repair of Existing Pump

**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

Form: OLWR-SWR-1C (07-09)

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