

# 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 #: P-135  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: MS 6W 40307  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-27-05

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>Delta Western Constuction</u>   | Latitude: <u>33 26 40.5</u> , Longitude: <u>90.93.5240</u>                  |
| Mailing Address: <u>Box 878</u>               | Method of Lat/Long (circle one): <u>Conventional Survey</u> BY: <u>DLW7</u> |
| <u>Indianola, MS 38751</u>                    | USGS quad, Hand-held GPS, Survey-grade GPS                                  |
| City State Zip Code                           | <u>NE 1/4 NE 1/4 Sec 5 Twn 18N Rng 5W</u>                                   |
| Telephone No. ( <u>662</u> )- <u>887-1226</u> | Distance Direction Nearest Town<br><u>3 Miles West of Indianola</u>         |

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-27-05 Date well drilling completed: 5-27-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 26' feet above or below (circle one) land surface Date measured: 5-27-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 116' Well depth: 116' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 90 feet Casing diameter: 10 inches Type of casing: PVC 160  
Screen length: 26 feet Screen diameter: 10 inches Type of screen: PVC 160  
Screen slot size: .050 inches Setting depth: From 91 feet to 116 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

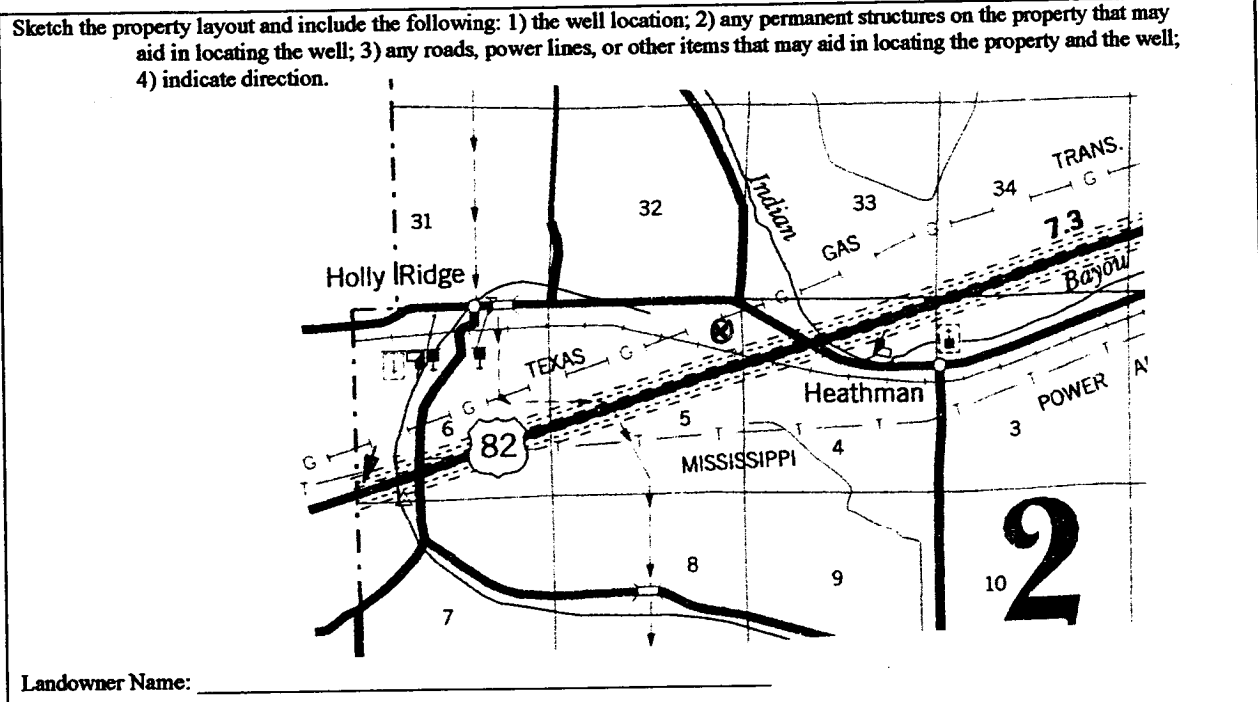
If well telescopes please sketch below and show depths.

P-135

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Brown Sand                            | 0    | 25  |
| Clay                                  | 26   | 35  |
| Fine Sand                             | 36   | 55  |
| Med. Sand/gravel                      | 56   | 70  |
| Fine Sand                             | 71   | 80  |
| Med. Sand/gravel                      | 81   | 95  |
| Coarse Sand/gravel                    | 96   | 117 |
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If more than one screen, show location of each on sketch



*Patricia M. Chis*  
 \_\_\_\_\_  
 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 6W 40307  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-27-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P-135  
 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>Delta Western Construction</u> | Latitude: _____ Longitude: _____                              |
| Mailing Address: <u>Box 878</u>               | Method of Lat/Long (circle one): <u>Conventional Survey,</u>  |
| <u>Indianola, MS 38751</u>                    | USGS quad, Hand-held GPS, Survey-grade GPS                    |
| City State Zip Code                           | _____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>18N</u> Rng <u>5W</u> |
| Telephone No. ( <u>662-887-1226</u> )         | Distance Direction Nearest Town                               |
|   | <u>3</u> Miles <u>West</u> of <u>Indianola</u>                |

| Pump Type<br>Circle one  | Power Type<br>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>10</u>                                  |
| Date Pump Installed: <u>5-27-05</u>                              | Setting Depth: <u>60</u> feet   |
| Rated Pump Capacity: <u>500</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           |
| 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.

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