

# 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 #: Q-154  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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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>Roger Latham</u>	Latitude: <u>33° 23' 16"</u> Longitude: <u>90° 33' 51"</u>
Mailing Address: <u>c/o Flatland Waterfowl</u> <u>106 Creekwood Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brandon, MS 39047</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 25<sup>04</sup></u> Twn <u>18N</u> Rng <u>4W</u>
Telephone No. (____) _____	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Inverness</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> Wildlife Management	Date well drilling started: <u>10-1-04</u> Date well drilling completed: <u>10-1-04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>30'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-1-04</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>136'</u> Well depth: <u>136'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>50</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>See Back</u> feet to _____ 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	RECEIVED OCT 21 2004 BY: OLWR
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

*Patrick M Chism*

Print Name of Water Well Contractor and License No.

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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 10-1-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-154  
 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>Roger Latham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>106 Creekwood Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon, MS 39047</u>	NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>25</u> Twn <u>18N</u> Rng <u>4W</u>
City                      State                      Zip Code	Distance                      Direction                      Nearest Town
Telephone No. (____) _____	<u>2</u> Miles <u>NE</u> of <u>Inverness</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-1-04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>OCT 21 2004</u>
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	

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 BY: OLWR

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