County: Sunflower		
Permit#: Irrigation Driller:	40111	
Date drilling completed:	4-28-05	

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 #: <u>Q - 157</u>
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_ Joe Poe	33 23 15.3 90 38 49.3 Latitude: Longitude: Longitude: "	
Mailing Address: 620 Woodburn Road	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
· .	NW NE 30 - 18N -4W	
Inverness, MS 38753	NW 1/4 NE 1/4 Sec 30 Twn 8N Rhg	
City State Zip Code Telephone No. (662-265-5219	Distance Direction Nearest Town 4 Miles NW of Inverness	
Well D	Pata	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: $4-28-05$ Date w	rell drilling completed: $4-28-05$	
If flowing, method of flow regulation: Valve Other (de	escribe)	
Static Water Level: 29½ feet above or below (circle one) la	and surface Date measured: 4-28-05	
Method of Measurement (circle one) electric tape	air line other:	
Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Cement Bentonite Mix		
	777 460	
Casing length: 77 feet Casing diameter: 10 inches Type of casing: PVC 160		
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC 160	
Screen slot size:		
Type of completion (circle all applicable): Oravel 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 a	ccordance with all applicable requirements of the Mississippi	
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.	
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M. Chini	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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MAY 1 9 2005

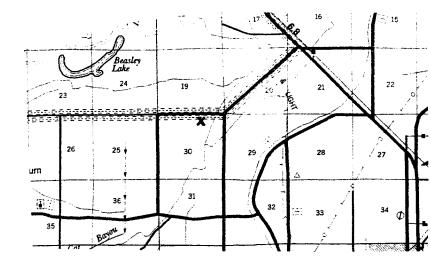
BY: OLWR

Ground Level

Description of Formations Encountered Clay Fine Sand Med. Sand Coarse Sand/gravel To the sand state of the sand state	10 - 157	
Clay 16 45 Fine Sand 16 45	Description of Formations Encountered	From To
Fine Sand Med. Sand Coarse Sand/gravel 76 117	Class	
Med. Sand Coarse Sand/gravel 76 117	Fino Sand	16 45
Coarse Sand/gravel 76 117	Mod Cond	46 75
Coarse Sammy graves	Med. Sand	76 117
	Coarse Sanny graver	
	·	
		_+
		_
		

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:	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sunflower Pum Mississipp Officeriller: 4-28-05

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

For Office Use Only:	
Aquifer:	
Well #: <u>Q - 1.57</u> Elevation:	

(601)354-6938 (fax)	
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: Joe Poe	Latitude: Longitude:	
Mailing Address: 620 Woodburn Road	Method of Lat/Long (circle one): Conventional Survey,	
Inverness, MS 38753 City State Zip Code 662-265-5219 Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NE 1/4 Sec 30 Twn 18N Rng 4W Distance Direction Nearest Town 4 Miles NW of Inverness	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 15	
Date Pump Installed: 4-28-05	Setting Depth: 70 feet	
Rated Pump Capacity: 750 Gallons Per Minute	Number of Stages:1	
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	Air Line Electric Measuring Line Steel Tape Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours 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) Signature of Pump Installer		

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MAY 19 2005

BY: OLWR