

# 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)

County: Sunflower  
Permit #: GW 45415 ✓  
**Irrigation Equipment**  
Driller: \_\_\_\_\_  
Date drilling completed: 7-5-2011

**For Office Use Only:**  
Aquifer: Q 185  
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)	Well or Borehole Location
Owner Name: <u>Kansas Planting</u>	Latitude: <u>33 21 37.8N</u> Longitude: <u>90 39 04.2W</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Indianola MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	se <u>1/4</u> SW <u>1/4</u> Sec <u>31</u> ✓ Twn <u>18N</u> ✓ Rng <u>4W</u> ✓
Telephone No. ( ) _____	Distance Direction Nearest Town _____ Miles _____ of <u>Inverness</u>

**Well / Borehole Data**  
Date drilling started: 7-5-11 Date drilling completed: 7-5-11 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 \_\_\_\_\_ Replacement \_\_\_\_\_ Other: \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 38 feet above or below (circle one) land surface Date measured: 7-7-11  
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 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 88 feet to 127 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 next page*

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

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Q185

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
clay	Ground Level	23
fine sand	24	38
fine sand/gravel	39	56
med sand/gravel	57	127

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) a north arrow.

Landowner Name: Kansas Planting

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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# 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)

County: Sunflower  
 Permit #: GW 45415  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-5-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q185  
 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	Well Location
Owner Name: <u>Kansas Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Indianola MS 38751</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>se 1/4 SW 1/4 Sec 31 T 18N R 4W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of <u>Inverness</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-7-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500±</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

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)    Patrick M Chism  
 Signature of Pump Installer

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

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