

County: **Sunflower**  
 Permit #: **GW-47864** ✓  
 Driller: **Irrigation Equipment**  
 Date drilling completed: **05/20/2014**

# 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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: Q199  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <b>Beckham Brothers</b>			Latitude: <b>33 23' 50.9 N</b>	Longitude: <b>90 34' 39.0 W</b>
Mailing Address: <b>P.O. Box 154</b>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<b>Inverness</b>	<b>Ms</b>	<b>38753</b>	<b>SE ¼ NE ¼, Sec 23 T 18 N R 4 W</b>	
City	State	Zip code		
Telephone No. ( ) -			<b>2</b> Miles <b>Northeast</b> of <b>Inverness</b>	
			<i>(Distance)</i>	<i>(Direction)</i> <i>(Nearest Town)</i>

Well / Borehole Data			
Date drilling started: <b>05/20/2014</b>	Date drilling completed: <b>05/20/2014</b>	Hole depth: <b>126'</b>	Hole diameter: <b>18"</b>
Location of the source of any surface water used for drilling: <b>Surface Water</b>			
Method of dosing and volume of Chlorine used in drilling and development: <b>50 PPM</b>			
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____			
Name of organization running log(s): _____			
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump			
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other ( <i>describe</i> ) _____			

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well ( <i>check all applicable</i> ): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture			
<input type="checkbox"/> Other ( <i>describe</i> ): _____			
If a flowing well, method of flow regulation: Valve _____ Other ( <i>describe</i> ) _____			
Static Water Level: <b>19"</b> feet [ <input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface		Date measured: <b>05/21/2014</b>	
<i>(check one)</i>			
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: ( <i>describe</i> ) _____			
Well depth: <b>126'</b> Well grouted to a depth of: <b>10'</b> feet Type of grout ( <i>check one</i> ): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix			
Casing length: <b>86'</b> feet		Casing diameter: <b>10"</b> inches	
Type of casing: <b>PVC</b>			
Screen length: <b>40'</b> feet		Screen diameter: <b>10"</b> inches	
Type of screen: <b>PVC</b>			
Screen slot size: <b>.050</b> inches Setting depth: From <b>87'</b> feet to <b>126'</b> feet			
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development			
<input type="checkbox"/> Other ( <i>describe</i> ): _____			
Top of lap pipe or reduction in casing: _____ Feet			

*If telescoped or more than one screen, describe on next page*

County: **Sunflower**

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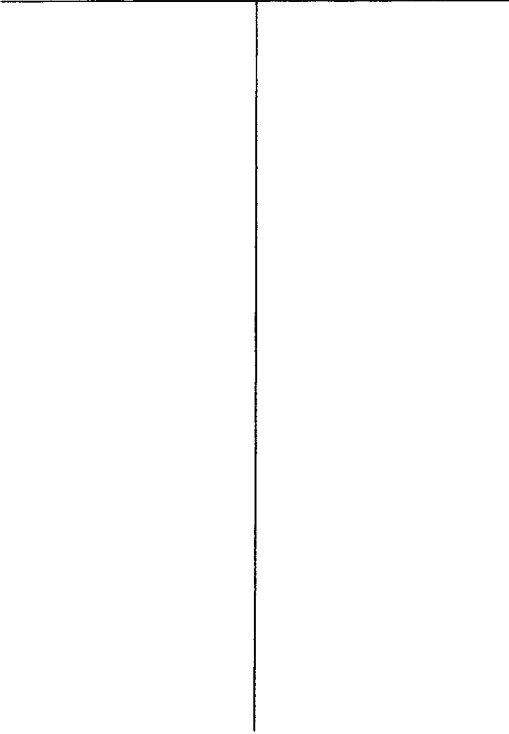
**For Office Use Only:**

Well #: Q199

*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)
<b>Clay</b>	Ground level	<b>34</b>
<b>Fine Sand</b>	<b>35</b>	<b>44</b>
<b>Fine Sand &amp; Gravel</b>	<b>45</b>	<b>57</b>
<b>Medium Sand &amp; Gravel</b>	<b>58</b>	<b>126</b>

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: **Beckham Brothers**

I HEREBY 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 Chism**                      **0695**                      **07/08/2014**

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

Form: OLWR-SWR-1A (4/13)

County: Sunflower  
 Permit #: GW-47864  
 Driller: Irrigation Equipment  
 Date drilling completed: 05/20/2014  
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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: 9199  
 Aquifer: \_\_\_\_\_

*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>Beckham Brothers</u>			Latitude: <u>33 23' 50.9 N</u> Longitude: <u>90 34' 39.0 W</u>		
Mailing Address: <u>P.O. Box 154</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Inverness</u>	<u>Ms</u>	<u>38753</u>	<u>SE 1/4 NE 1/4, Sec 23 T 18 N R 4 W</u>		
City	State	Zip code			
Telephone No. ( ) -			<u>2</u> Miles <u>Northeast</u> of <u>Inverness</u>		
			(Distance)	(Direction)	(Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed 05/21/2014 Rated Pump Capacity: 900+/- Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 30 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ Hours  
 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  
 Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ Feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick Chism 0695 07/08/2014  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer