

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)

County: Sunflower
Permit # 6W4755
Irrigation Equipment
Driller: _____
Date drilling completed: 4-13-07

For Office Use Only:
Aquifer: _____
Well #: R-224
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	<u>Beal Creek Fisheries</u>	Latitude:	<u>33° 25' 44.0" N</u> <u>90° 27' 13.7" W</u>
Mailing Address:	<u>Box 646</u>	Method of Lat/Long (circle one):	<u>44</u> Conventional Survey, <u>14</u>
	<u>MOORHEAD MS 38761</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	
Telephone No.	<u>(662) 246-5602</u>	Distance	Direction
		<u>4</u> Miles	<u>SE</u> of <u>MOORHEAD</u>
			Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-13-07 Date well drilling completed: 4-13-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 38' feet above or below (circle one) land surface Date measured: 4-13-07

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 130 Well depth: 130 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: 40 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 91 feet to 130 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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Patul mcl

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BY: OLWF

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 #: 60641755
 Driller: Irrigation Equipment
 Date completed: 4-13-07

For Office Use Only:

Aquifer: _____
 Well #: R-224
 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>Bear Creek Fisheries</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 646</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mudhead MS 38761</u>	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>18N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662-246-5602</u>)	<u>4</u> Miles <u>SE</u> of <u>Mudhead</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>4-13-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1100±</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 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism
 Signature of Pump Installer

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MAY 10 2007
 BY: OLWF