

# 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 #: 5-109  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6042926  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-3-08

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>Jones Planting Co.</u>	Latitude: <u>33° 20' 17"</u> Longitude: <u>90° 42' 19"</u>
Mailing Address: <u>148 Waco Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Inverness, Ms. 38753</u>	<u>SE 1/4 NW 1/4 Sec 10 Twn 17N Rng 5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Inverness</u>
Telephone No. <u>662 265-5180</u>	

**Well Data**

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

Date well drilling started: 11-3-08 Date well drilling completed: 11-3-08

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

Static Water Level: 31 feet above below (circle one) land surface Date measured: 11-7-08

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 82 feet to 121 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor \_\_\_\_\_

RECEIVED

NOV 20 2008

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

GW42926

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	37
Fine Sand + Gravel	38	72
Course Sand + Gravel	73	121

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: Jones Planting Co.

  
Signature of Water Well Contractor

RECEIVED  
NOV 20 2008  
BY: OLWR

# 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 #: 60047926  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 11-3-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 5-109  
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>Jones Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>148 Waco Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Inverness Ms. 38753</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City / State / Zip Code	<u>SE 1/4 NW 1/4 Sec 10 Twn 17N Rng 5W</u>
Telephone No. <u>662 265-5180</u>	Distance Direction Nearest Town
	<u>5 Miles W of Inverness</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>30</u>
Date Pump Installed: <u>11-7-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150±</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

John P. Chism      0439  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
NOV 20 2008  
BY: OLWR