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BY: OLWR

State Well Report  
Part I

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:

Acquirer: \_\_\_\_\_  
Well #: T-137  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 60042252  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-15-07

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>Watson Brewer</u>	Latitude: <u>33.18.12.7</u> Longitude: <u>90.36.40.6</u>
Mailing Address: <u>1226 Montgomery St.</u>	Method of Location (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Inverness Ms. 38753</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 21 Twn 17N Rng 4W</u>
Telephone No. <u>(662) 265-6100</u>	Distance Direction Nearest Town <u>3 Miles South of Inverness</u>

Well Data

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

Date well drilling started: 11-15-07 Date well drilling completed: 11-15-07

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

Static Water Level: 27 feet above of below (circle one) land surface Date measured: 11-15-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): 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 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

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T-137

GL 42252

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	29
Fine Sand	30	49
Medium Sand + Gravel	50	137

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: Watson Brewer

[Signature]  
Signature of Water Well Contractor

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)854-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: T-137

Elevation: \_\_\_\_\_

County: Sunflower  
Report #: 00042252  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 11-15-07

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

Owner Name: Watson Brewer  
Mailing Address: 1226 Montgomery St.  
Inverness Ms. 38753  
City State Zip Code  
Telephone No. (662) 265-6100

#### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 SE 1/4 Sec. 21 Twa 17N Rng 4W  
Distance Direction Nearest Town  
3 Miles South of Inverness

#### Pump Type Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 11-15-07  
Rated Pump Capacity: 2800± Gallons Per Minute

#### Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 60  
Setting Depth: 70 feet  
Number of Stages: 1

#### Pump Test Data

Date Well Tested: \_\_\_\_\_  
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  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

#### Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of  
\_\_\_\_\_ feet after \_\_\_\_\_ hours 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