

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 #: B-65 149
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: MS-GW-39834
Irrigation Equipment
Driller: _____
Date drilling completed: 9-20-04

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>Simrall & Simrall</u> | Latitude: <u>32 .32</u> , <u>57N</u> Longitude: <u>90 .46, 10W</u> |
| Mailing Address: <u>5040 Hwy.3</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Redwood, MS 39156</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | SE <u>1/4</u> SW <u>1/4</u> Sec <u>12</u> Twn <u>18N</u> Rng <u>4E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>6</u> Miles <u>North</u> of <u>Redwood</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-20-04 Date well drilling completed: 9-20-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 17ft. feet above or below (circle one) land surface Date measured: 10-5-04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 116' Well depth: 116' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 77 feet to 116 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

Patrick M Chism

Print Name of Water Well Contractor and License No.

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)354-6938 (fax)

County: Warren
 Permit #: GW 39834
 Irrigation Equipment
 Driller: _____
 Date completed: 10-5-04

For Office Use Only:

Aquifer: _____
 Well #: B-65
 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>Simrall & Simrall</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5040 Hwy. 3</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, |
| <u>Redwood, MS 39156</u> | <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City State Zip Code | SE ¼ SW ¼ Sec <u>12</u> Twn <u>18N</u> Rng <u>4E</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town |
| | <u>6</u> Miles <u>North</u> of <u>Redwood</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>125</u> |
| Date Pump Installed: <u>10-5-04</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>1900</u> Gallons Per Minute | Number of Stages: <u>4</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>17</u> 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.

Patrick M. Chism 0695 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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