

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 #: A-197
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW 41730
Irrigation Equipment
Driller: _____
Date drilling completed: 4-3-07

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>A + B Land Company</u>	Latitude: <u>33° 30' 40.1"</u> Longitude: <u>90° 59' 12.6"</u>
Mailing Address: <u>225 Warren Road EAST</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Greenville MS 38703</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW NE 1/4 SE 1/4 Sec 11/2 Twn 19N Rng 8W</u>
Telephone No. <u>662-332-7162</u>	Distance Direction Nearest Town
	<u>4 Miles North of Metcalfe</u>

Well Data

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

Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 4-4-07

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

Hole depth: 101 Well depth: 101 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 61 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 _____ feet to _____ 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 Patrick M Chism

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BY: OLWF

A.

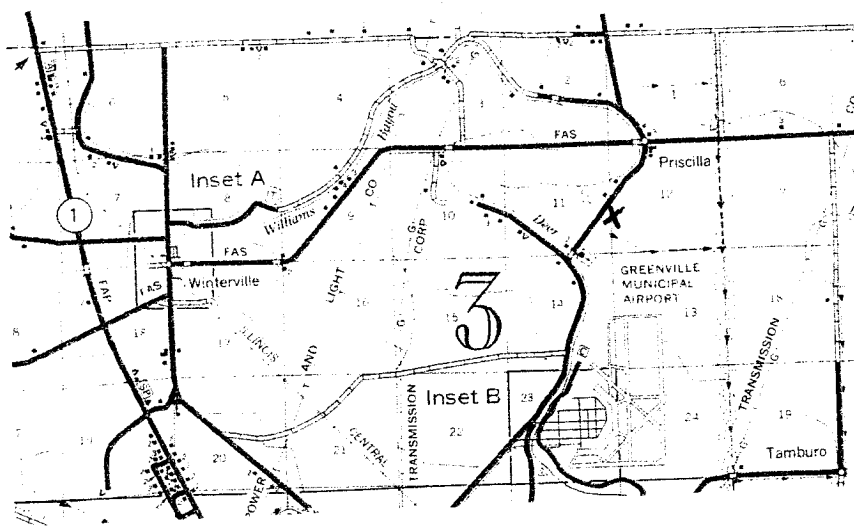
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	29
Fine sand	30	35
Clay	36	45
Fine sand + gravel	46	49
medium sand + gravel	50	99
Clay	100	101

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: _____

Pat M Chmi

 Signature of Water Well Contractor

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: Washington
 Permit #: 6W 41730
 Irrigation Equipment
 Driller: _____
 Date completed: 4-3-07

For Office Use Only:

Aquifer: _____
 Well #: A-197
 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>A+B Land Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>225 WARREN ROAD EAST</u>	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenville MS 38703</u>	<u>NE 1/4 SE 1/4 Sec 11 Twn 19N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662-332-7162</u>)	<u>4 Miles North of Metcalfe</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-4-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</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.

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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