

# 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: Washington  
Permit #: GW42663  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-27-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C-109  
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>Willett Plantation</u>	Latitude: <u>33°30'04.6"</u> Longitude: <u>90°46'07.2"</u>
Mailing Address: <u>1359 Murphy Road</u>	Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>04</u>
<u>Hollandale Ms. 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS _____
City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>13</u> Twn <u>19N</u> Rng <u>6W</u>
Telephone No. ( ) _____	NW Distance Direction Nearest Town <u>8</u> Miles <u>NE</u> of <u>Leland</u>

**Well Data**

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

Date well drilling started: 6-27-08 Date well drilling completed: 6-27-08

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 7-3-08

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: [Signature]

RECEIVED  
JUL 10 2008  
BY: OLWR

C-109

If well telescopes please sketch below and show depths.

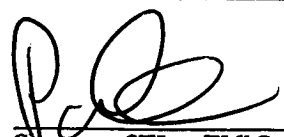
Ground Level

Description of Formations Encountered	From	To
Clay	10	27
Fine Sand	28	47
Coarse Sand + Gravel	48	127

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: Willetts Plantation

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

RECEIVED  
 JUL 09 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: Washington  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-27-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-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.

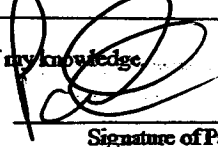
Well Owner Information	Well Location
Owner Name: <u>Willet Plantation</u> Mailing Address: <u>1359 Murphy Road</u>  <u>Hollandale Ms. 38748</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 13 Twn 19N Rng 6W</u> Distance Direction Nearest Town <u>8 Miles NE of Leland</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <b>Turbine</b> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <b>Electric Motor</b> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>7-3-08</u>	Horse Power Rating of Motor: <u>40</u>
Rated Pump Capacity: <u>1800 ±</u> Gallons Per Minute	Setting Depth: <u>60</u> feet
	Number of Stages: <u>2</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)

  
 Signature of Pump Installer

RECEIVED

JUL 09 2008  
 BY: OLWR

650 000 m

660 000 m

4 90° 55'

90° 50'

5

90° 45'

6

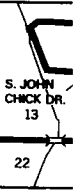
R 7 W

BOLIVAR COUNTY

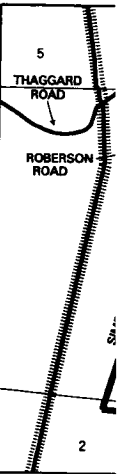
R 6 W

Willettt Plantation Map

C-109



Ins T 17 N



T 1



T 1

SUNFLOWER COUNTY

T 19 N

RECEIVED

JUL 09 2008

BY: OLWR

THIRD STREET, FOURTH STREET



SPENCER

