

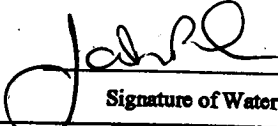
County: Washington  
 Permit #: GW 43527  
 Driller: Irrigation Equipment  
 Date drilling completed: 9-10-09

### 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 #: C114  
 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>Rodney Iverson</u>	Latitude: <u>33° 31' 00"</u> Longitude: <u>90° 45' 48"</u>	Mailing Address: <u>23 Carpenter Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Indianola</u> <u>Ms.</u> <u>38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS	City State Zip Code	<u>SE 1/4 SE 1/4</u> Sec <u>1</u> Twn <u>19N</u> Rng <u>6W</u>
Telephone No. <u>(662) 887-5416</u>	Distance <u>6</u> Miles Direction <u>NW</u> of Nearest Town <u>Indianola</u>		
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>9-10-09</u>		Date well drilling completed: <u>9-10-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: _____ feet above of <u>below</u> (circle one) land surface Date measured: _____			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>121</u>		Well depth: <u>121</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>81</u> feet		Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet		Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>69</u> feet to <u>108</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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		 Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No.			

Pump has not been set. It will be a while before we can set due to weather conditions.

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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 #: 0W4527  
 Irrigation Equipment  
 Driller:  
 Date completed: 9-10-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C114  
 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.

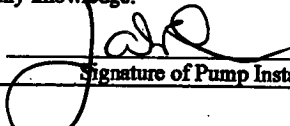
Well Owner Information	Well Location
Owner Name: <u>Rodney Iverson</u> Mailing Address: <u>23 Carpenter Rd</u>  <u>Indianola Ms 38751</u> <small>City State Zip Code</small>  Telephone No. <u>(662) 887-5416</u>	Latitude: <u>33-31.00</u> Longitude: <u>90-49-48</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>1</u> Twn <u>19N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>6</u> Miles <u>W</u> of <u>Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal    Rotary              Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand                      Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	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.

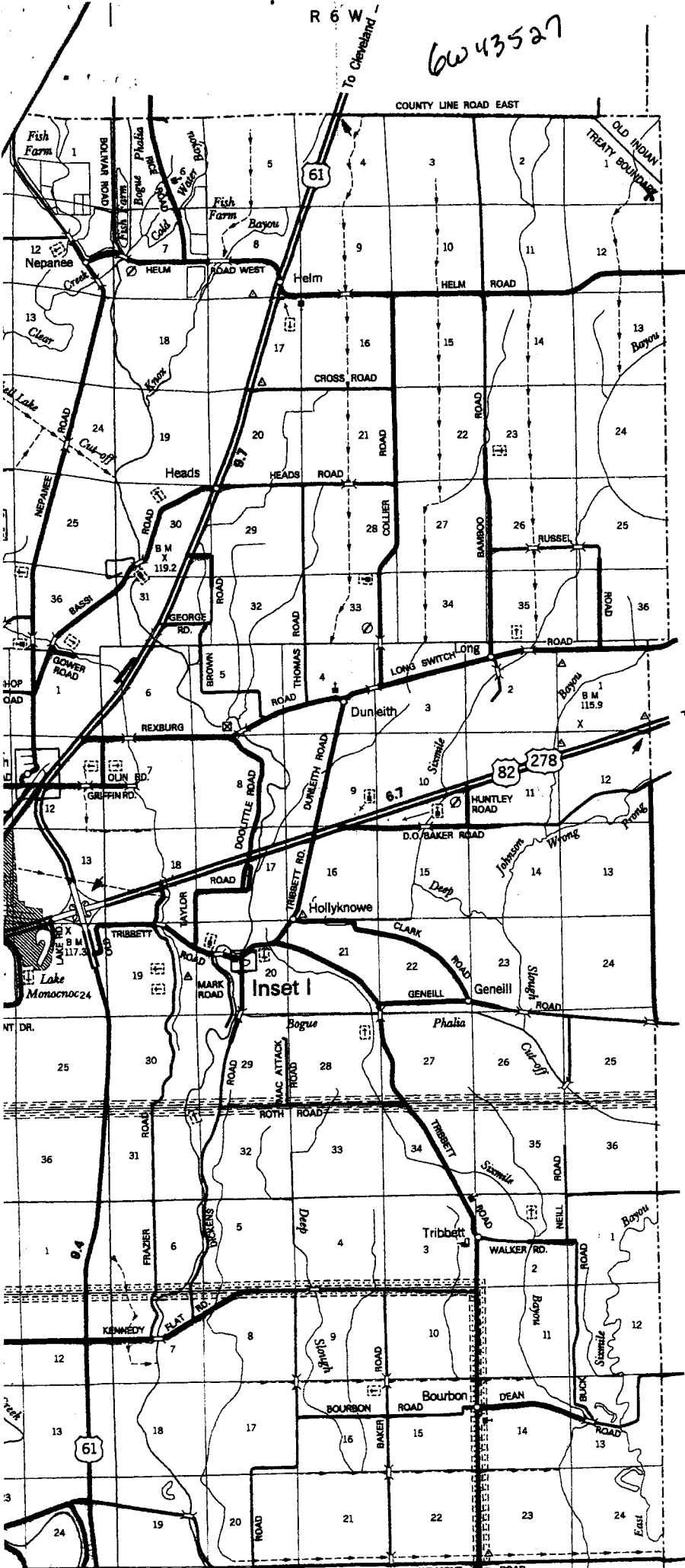
John P. Chism      0439  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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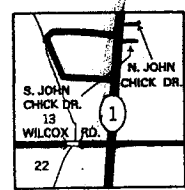
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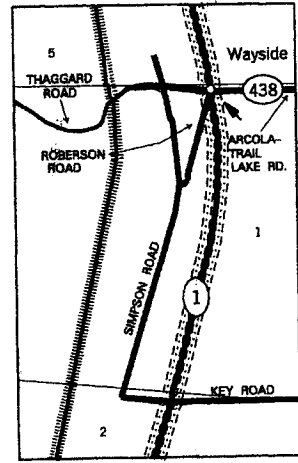
C-114

C114

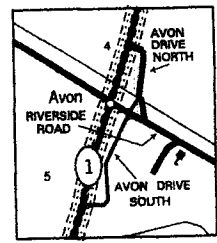
# Rodney Iverson Map



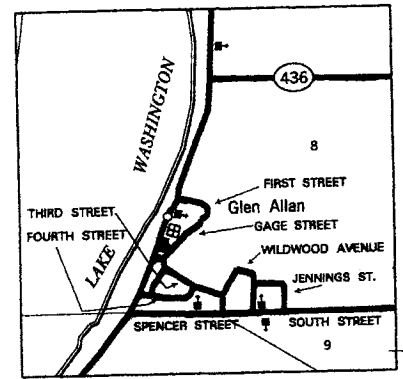
**Inset C**  
T 17 N R 8 W



**Inset D**  
T 16 N R 8 W



**Inset E**  
T 16 N R 8 W



**Inset F**  
T 14 N R 8 W

SUNFLOWER COUNTY

T 19 N

T 18 N

SUNFLOWER COUNTY

T 17 N

33° 30'

33° 25'

33° 20'

440 000 m

430 000 m

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SEP 25 2009

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