

# 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 #: F-139  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: 6W-40744  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-23-05

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>St. Rest Plantation</u>	Latitude: <u>33. 24 .78N</u> Longitude: <u>90. 46, 71W</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Indianola, MS 38751</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>13</u> Twn <u>18N</u> Rng <u>6W</u>
Telephone No. ( <u>662</u> )- <u>887-3821</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>East</u> of <u>Leland</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Johnson Place Replacement</u>	
Date well drilling started: <u>11-23-05</u>	Date well drilling completed: <u>11-23-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>22'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>11-30-05</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>126'</u> Well depth: <u>126'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot size: <u>.050</u> inches Setting depth: From _____ feet to _____ feet	<u>See Back</u>
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.  
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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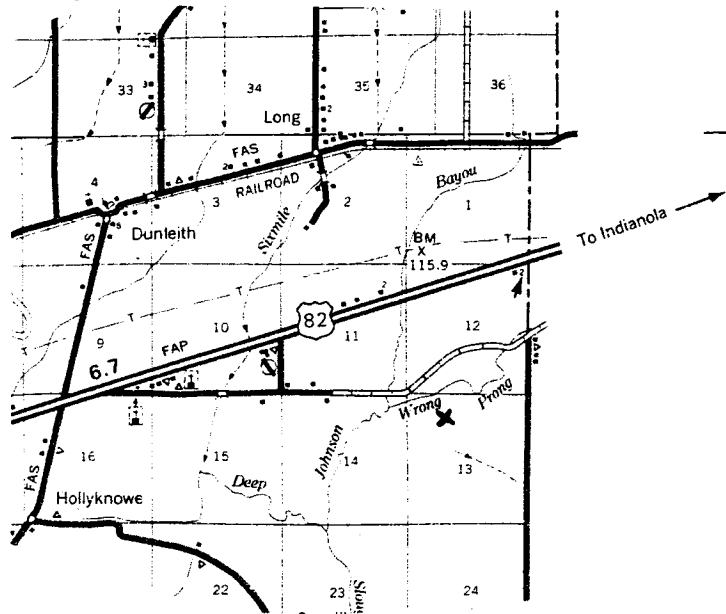
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	45
Fine Sand/gravel	46	60
Med. Sand/gravel	61	86
Fine Sand/gravel	87	107
Med. Sand/gravel	107	126
Screen 67-86		
Screen 107-126		

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: \_\_\_\_\_

*Patrick McChes*  
 \_\_\_\_\_  
 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 #: \_\_\_\_\_  
 Driller: Irrigation Equipment Inc.  
 Date completed: 11-30-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-139  
 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>St. Rest Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
_____	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola, MS 38751</u>	NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>13</u> Twn <u>18N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
<u>662-887-3821</u>	<u>7</u> Miles <u>East</u> of <u>Leland</u>
Telephone No. ( ) _____	

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>40</u>
Date Pump Installed: <u>11-30-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	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
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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