

# 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 # 6W-40745  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 11-23-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-140  
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>St. Rest Plantation</u>	Latitude: <u>33.24.77N</u> Longitude: <u>90.46.01W</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> , <u>Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 13 Twn 18N Rng 6W</u>
Telephone No. ( <u>662</u> )- <u>887-3821</u>	Distance <u>7</u> Miles Direction <u>East</u> of Nearest Town <u>Leland</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Johnson Place Replacement

Date well drilling started: 11-23-05 Date well drilling completed: 11-23-05

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

Static Water Level: 24' feet above or below (circle one) land surface Date measured: 11-30-05

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

Hole depth: 126' Well depth: 126' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 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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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 Inc.  
 Driller: \_\_\_\_\_  
 Date completed: 11-30-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-140  
 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): <u>Conventional Survey,</u>
<u>Indianola MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 13 Twn 18N Rng 6W</u>
<u>662-887-3821</u>	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7 Miles East of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> 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>11-30-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</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      Patrick M Chism  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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BY: OLWR