

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 #: H-200
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: 20040814
Irrigation Equipment
Driller: _____
Date drilling completed: 1-6-06

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>MS Mudd</u> Mailing Address: <u>c/o Kent Hilburn</u> <u>6 Electra Circle</u> <u>The Woodlands, TX 77382</u> City State Zip Code Telephone No. () _____	Latitude: <u>33 17 21.1</u> N Longitude: <u>90 54 48.5</u> W Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>48</u> USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 SW 1/4 Sec <u>25</u> Twn <u>17N</u> Rng <u>7W</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>North</u> of <u>Arcola</u>

Well Data

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

Date well drilling started: 1-6-06 Date well drilling completed: 1-6-06

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

Static Water Level: 30' feet above or below (circle one) land surface Date measured: 1-9-06

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

Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
JAN 27 2006
BY: ULWR

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 #: 0040814
 Irrigation Equipment
 Driller: _____
 Date completed: 1-9-06

For Office Use Only:

Aquifer: _____
 Well #: H-200
 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>MS Mudd</u> Mailing Address: <u>c/o Kent Hilburn</u> <u>6 Electra Circle</u> <u>The Woodlands TX 77382</u> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <div style="display: flex; justify-content: space-around; font-size: small;"> NW ¼ SW ¼ Sec 25 Twn 17N Rng 7W </div> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>1-9-06</u> Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>25</u> Setting Depth: <u>70</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): <u>30'</u> 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	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism
 Signature of Pump Installer

RECEIVED
 JAN 27 2006
 BY: OLWR