

# 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 #: GW41869  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-31-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-205  
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>Isola Plantation</u>     | Latitude: <u>33° 19' 40.8"</u> Longitude: <u>90° 54' 28.9"</u>                                      |
| Mailing Address: <u>2686 Old 61 Hwy</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Leland</u> <u>Ms.</u> <u>38756</u>   | <u>NW 1/4 NE 1/4</u> Sec <u>1415</u> Twn <u>17N</u> Rng <u>7W</u>                                   |
| City State Zip Code                     | Distance Direction Nearest Town   |
| Telephone No. ( ) _____                 | <u>6</u> Miles <u>S</u> of <u>Leland</u>  |

**Well Data**

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

Date well drilling started: 5-31-07 Date well drilling completed: 5-31-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-1-07

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

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JUN 29 2007  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-205

Elevation: \_\_\_\_\_

County: Washington  
 Permit #: OW 41869  
 Driller: \_\_\_\_\_  
 Date completed: 5-31-07

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>Isola Plantation</u>     | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>2686 Old 61 Hwy</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>Leland Ms. 38756</u>                 | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code                     | <u>NW 1/4 NW 1/4 Sec 14 Twn 17N Rng 7W</u>   |
| Telephone No. ( ) _____                 | Distance Direction Nearest Town  |
|   | <u>6 Miles S of Leland</u>   |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible<br><input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well<br>Other (specify): _____ | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO<br><input type="checkbox"/> Windmill      Other (specify): _____ |
| Date Pump Installed: <u>6-1-07</u>   | Horse Power Rating of Motor: <u>40</u>   |
| Rated Pump Capacity: <u>1800<sup>±</sup></u> Gallons Per Minute  | Setting Depth: <u>70</u> feet  |
|  | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____                                | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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

Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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JUN 29 2007

BY: OLWR