

# State Well Report

## Part I

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 #: L-161  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: 601961610  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-6-05

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>Arcola Plantation</u>	Latitude: <u>33.15.67N</u> Longitude: <u>90.53.32W.</u>
Mailing Address: <u>Box 310</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Arcola, MS 38722</u>	USGS quad, <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 2 Twn 16N Rng 7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1 Miles SW of Arcola</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement  
Date well drilling started: 9-6-05 Date well drilling completed: 9-6-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 29' feet above of below (circle one) land surface Date measured: 9-7-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 121 Well depth: 121' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 81 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 82 feet to 121 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 #: 60240600  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 9-7-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-161  
 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>Arcola Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 310</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Arcola MS 38722</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>2</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>SW</u> of <u>Arcola</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-7-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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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 SEP 15 2005  
 BY: OLWR