

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 #: M-187
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: MSGW 40224
Irrigation Equipment
Driller: _____
Date drilling completed: 5-9-05

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>Hyer Farms</u>		33 13 30.8	90 47 2.8
Mailing Address: <u>1820 Tribbett Road</u>		Latitude: _____	Longitude: _____
<u>Hollandale MS 38748</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>23</u> Twn <u>16N</u> Rng <u>6W</u>	
Telephone No. () _____		Distance <u>1</u> Miles	Direction <u>South</u> of Nearest Town <u>Darlove</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-9-05 Date well drilling completed: 5-9-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 23' feet above of below (circle one) land surface Date measured: 5-10-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 117 Well depth: 117' Well grouted to a depth of 1.0 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 1.6 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 78 feet to 117 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.

If well telescopes please sketch below and show depths.

M-187

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	35
Med. Sand	36	65
Med. Sand/gravel	66	85
Coarse Sand/gravel	86	117

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: _____

Patricia M. Chin
 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 #: MS 6CW 40224
 Driller: Irrigation Equipment
 Date completed: 5-10-05

For Office Use Only:

Aquifer: _____
 Well #: M-187
 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>Hyer Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1820 Tribbett Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale, MS 38748</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>23</u> Twn <u>16N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>South</u> of <u>Darlove</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-10-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</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 <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 _____ 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

MAY 10 2005
 BY [Signature]

Wilmington
 BU 40224
 Irrigation Equipment
 Date drilling completed: 5-9-05

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 #: M-19M
 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.

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Mailing Address: <u>1820 Tribbett Road</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Hollandale MS 38748</u>		<u>SW 1/4 NE 1/4 Sec 23 Twn 16N Rng 6W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>1</u> Miles	Direction: <u>South</u> of <u>Paris</u>
Telephone No. (____) _____		RECEIVED	

JUN 08 2005

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

Date well drilling started: 5-9-05 Date well drilling completed: _____

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 5-10-05

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

Hole depth: 117 Well depth: 117' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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

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Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

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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.

Patrick M Chism
 Signature of Water Well Contractor

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