

# 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 #: Q-148  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: 61142837  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-24-08

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>Barger Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>408 McArthur Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood Ms. 38930</u>	<u>SW 1/4 SW 1/4 Sec 9 Twn 15N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 207-7592</u>	<u>7 Miles SE of Hollandale</u>
Well Data <u>Pivot</u> <u>Old Well 16" steel 60' SW</u>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other replacement</u>	
Date well drilling started: <u>7-24-08</u> Date well drilling completed: <u>7-24-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>126</u> Well depth: <u>126</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite Mix	
Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>126</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Pump information is included. Pump has not been installed because of RECEIVED conditions.

AUG 20 2008

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 #: 62042837  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-148  
 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>Barger Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>408 McArthur Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood</u> <u>Ms.</u> <u>38930</u>	<u>SW 1/4 SW 1/4 Sec 9</u> Twn <u>15N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> Miles <u>SE</u> of <u>Hollandale</u>

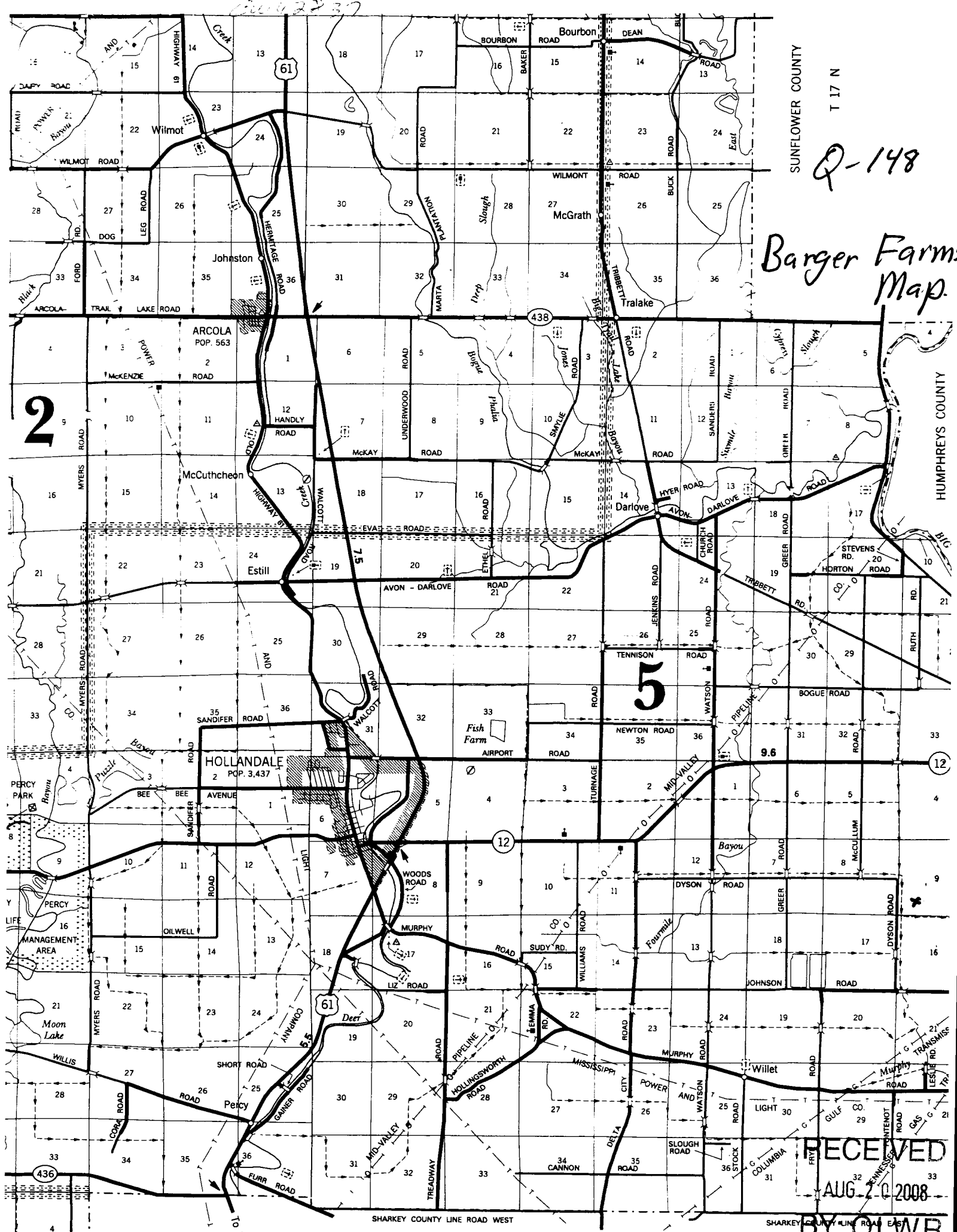
Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Number of Stages: <u>3</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.

John P. Chism      0439  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 AUG 20 2008  
 BY: OLWR



SUNFLOWER COUNTY  
T 17 N  
Q-148

Barger Farm  
Map

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RECEIVED  
AUG 20 2008

SHARKEY COUNTY LINE ROAD WEST

SHARKEY COUNTY LINE ROAD EAST  
BY OLWR