

6628431717

# 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 #: B 112  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Yazoo  
Permit #: \_\_\_\_\_  
Driller: Mike Wells  
Date drilling completed: 7/13/05

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**

Owner Name: Eden Fisheries  
Mailing Address: 3060 Money Sunk Rd  
Yazoo City, MS 39194  
City State Zip Code  
Telephone No: 662 746-5085

**Well Location**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one):  Conventional Survey  
 USGS quad,  Hand-held GPS,  Survey-grade GPS  
1/4 Sec 8 Twn 17N Rng 1W  
Distance 1 Miles NW of Edin Nearest Town

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation  Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 7/13/05 Date well drilling completed: 7/13/05  
If flowing, method of flow regulation Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 17 feet above or below (circle one) land surface Date measured: 7/13/05  
Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 102 Well depth: 102 Well grouted to a depth of 62 feet  
Type of grout (circle one)  Cement Bentonite Mix  
Casing length: 62 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 62 feet to 102 feet  
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
Other (describe): \_\_\_\_\_  
Top of log pipe or reduction in casing: N/A 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): NO

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.

Thomas G. Christman 0-703  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor





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To: 360 0535

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# 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 #: B-112  
 Elevation: \_\_\_\_\_

County: Yazoo  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wells  
 Date completed: 7/13/05

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>Eden Fisheries</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3060 Money Sunter Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Yazoo City, MS 39194</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>13N</u> Rng <u>1E</u>
Telephone No. <u>662-746-5085</u>	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>N.W</u> of <u>EDEN</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7/18/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>n/a</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>n/a</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>n/a</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Thomas G. Chrestman 0-723 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer