

VALLEY

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 #: K-81  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Waz 200  
Permit #: GW 41812  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-19-07

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>Valley Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 10</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sartoria MS 39162</u>	<u>SE 1/4 NW 1/4 Sec. 26 Twn 11N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6 Miles North of Sartoria</u>

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply  Irrigation Fish Culture Other: \_\_\_\_\_ JUN 21 2007

Date well drilling started: 4-19-07 Date well drilling completed: 4-19-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_ YMD JOINT WATER MANAGEMENT DISTRICT

Static Water Level: 2.2' feet above or below (circle one) land surface Date measured: 4-23-07

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

Hole depth: 106 Well depth: 106 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 66 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 67 feet to 106 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: \_\_\_\_\_

41812

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OCT 10 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)

County: 1697-00  
 Permit #: QW.41812  
 Driller: LIFTATION EQUIPMENT  
 Date completed: 4-16-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-81  
 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>Valley Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 10</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Satantia MS 39162</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 3 Twn 10N Rng 3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5 Miles North of Satantia</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>4-17-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2100 L</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  
 Print Name of Pump Installer and License No. (if applicable)

Pat  
 Signature of Pump Installer

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OCT 10 2007

BY: OLWR