

Office of Land & Water fax #601-961-5228

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)

County: Yazoo
 Permit #: GW43517
 Irrigation Equipment
 Driller:
 Date drilling completed: 9-11-09

For Office Use Only:
 Aquifer: P 30
 Well #: _____
 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.

Well Owner Information		Well Location	
Owner Name <u>Larry King</u>		Latitude: <u>32° 40' 53.3"</u> Longitude: <u>90° 42' 34.0"</u>	
Mailing Address: <u>2444 W. Clubview Circle</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Yazoo City MS 39194</u> City State Zip Code <u>662-746-2823</u>		USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> Sec <u>27</u> Twn <u>10N</u> Rng <u>5W</u> NE SE Direction <u>28</u> Distance <u>9</u> Miles <u>W</u> of <u>Satartia</u>	
Telephone No. () _____			

Well Data

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

Date well drilling started: 9-11-09 Date well drilling completed: 9-11-09

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) steel tape electric tape air line other: _____

Hole depth: 91 Well depth: 91 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 61 feet Casing diameter: 16 inches Type of casing: PVC Sch 40

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC Sch 40

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

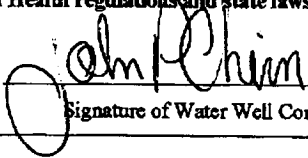
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____


 Signature of Water Well Contractor

Note: Pump information is provided. Pump has not been installed because of weather conditions.

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: Yazoo
 Permit #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 9-11-09

For Office Use Only:
 Aquifer: P 80
 Well #: _____
 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>Larry King</u> Mailing Address: <u>2444 W. Clubview Circle</u> <u>Yazoo city MS 39194</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ 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>NW ¼ SW ¼ Sec 27 Twn 10N Rng 5W</u> Distance Direction Nearest Town <u>9 Miles W of Satartia</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>2200±</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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) John P. Chism
 Signature of Pump Installer

Larry King Map

C

32° 45'

SHARKEY COUNTY

D

32° 40'

T 10 N

E

T 9 N

ISSAQUENA COUNTY

R 5 W

