

State Well Report

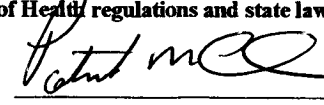
Part 1

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: Holmes
Permit #: GW 41804
Irrigation Equipment
Driller: _____
Date drilling completed: 4-24-07

For Office Use Only:
Aquifer: _____
Well #: G-61
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>Triple D Planting Company</u>	Latitude: <u>33 14' 21.1"</u>	Longitude: <u>90 14' 52.9"</u>
Mailing Address:	<u>28522 Hwy. 17</u>	Method of Lat/Long (circle one):	<u>21</u> <u>53</u>
	<u>Lexington MS 39095</u>	<u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	
Telephone No. ()			
		<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>24</u> Twn <u>16N</u> Rng <u>1W</u>	
		Distance	Direction
		<u>3</u> Miles	<u>North</u> of <u>Tchula</u>
Well Data			
Purpose of Well (circle one)	Home	Industrial	Public Supply
		<u>Pivot</u>	Irrigation
		Fish Culture	Other: _____
Date well drilling started:	<u>4-24-07</u>	Date well drilling completed:	<u>4-24-07</u>
If flowing, method of flow regulation:	Valve	Other (describe)	_____
Static Water Level:	<u>15'</u> feet above (or below) (circle one) land surface	Date measured:	<u>4-24-07</u>
Method of Measurement (circle one)	<u>steel tape</u>	electric tape	air line
Hole depth:	<u>117</u>	Well depth:	<u>117</u>
Well grouted to a depth of	<u>10</u>	feet	
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix
Casing length:	<u>77</u> feet	Casing diameter:	<u>16</u> inches
Type of casing:	<u>PVC SCH 40</u>		
Screen length:	<u>40</u> feet	Screen diameter:	<u>16</u> inches
Type of screen:	<u>PVC SCH 40</u>		
Screen slot size:	<u>.050</u> inches	Setting depth: From	<u>78</u> feet to <u>117</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. Patrick M. Chism 0695			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

Customer contracted with Circle S Irrigation of Clarksdale, MS
Circle S Irrigation will install pump.

G-61

GW 41804

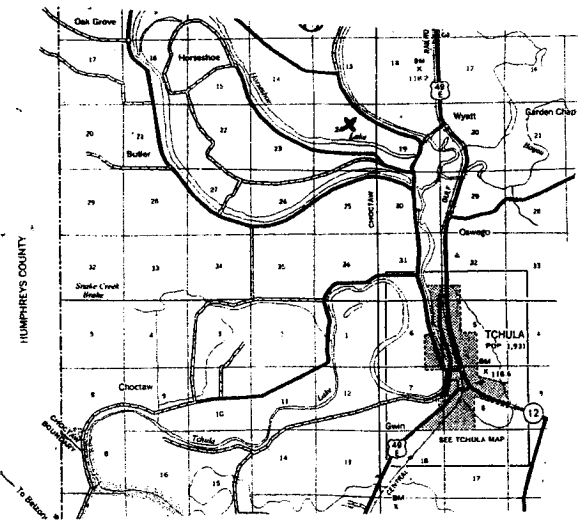
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Clay/fine sand	26	58
Fine Sand/gravel	59	65
Med. Sand/gravel	65	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: Triple D Planting

Patric m c
Signature of Water Well Contractor