

County: Holmes  
 Permit #: GW44498  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-23-10

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: J 81  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)          Owner Name: <u>Triple D. Planting</u>          Mailing Address: <u>28522 Hwy 17</u>  <u>Lexington Ms. 39095</u>          City State Zip Code          Telephone No. ( <u>662-392-6420</u> )</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>33-10-59.4</u> Longitude: <u>90-18-00.5</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS  <u>SE ¼ SE ¼ Sec 4</u> Twn <u>15N</u> Rng <u>1W</u>          Distance Direction Nearest Town  <u>4</u> Miles <u>W</u> of <u>Tchula</u></p>
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**Well / Borehole Data**

Date drilling started: 7-23-10 Date drilling completed: 7-23-10 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block.*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: Replacement

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above of (below) (circle one) land surface Date measured: 7-28-10

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 85 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 86 feet to 125 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 next page*

Old Well 20' NW

Form: OLWR-SWR-1A (04/08)

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J81

*The sketch below only required for water wells.*

*If well telescopes, show depths on sketch.*

Ground Level

*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	32
Fine Sand	33	49
Fine Sand & Gravel	50	56
Medium Sand & Gravel	57	125

*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) a north arrow.

Landowner Name: Triple D Planting

Form: OLWR-SWR-1A (04/05)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M Chism 0695 \_\_\_\_\_

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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County: Holmes  
 Permit #: GW 44498  
**Irrigation Equipment**  
 Driller:  
 Date completed: 7-23-10  
*Copy information from block on Part 1*

**STATE WELL REPORT**  
**Part 2**

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: J81  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Triple D Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>28522 Hwy 17</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lexington Ms. 39095</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 4 T 15 N R 1 W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>4 Miles W of Tchula</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>7-28-10</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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) Patrick M Chism  
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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