

County: Leflore
 Permit #: GW-45477
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 8-15-11

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: _____
 Well #: A159
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Collier Tillman</u> Mailing Address: <u>P.O. Box 205</u> <u>Schlater Ms. 38952</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33.45.330"</u> Longitude: <u>90.23.064"</u> Method of Lat/Long (circle one): Conventional Survey, <u>CC</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <input checked="" type="checkbox"/> <u>NW 1/4 SE 1/4 Sec 21 Twn 22N Rng 2W</u> NE Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>Minter City</u></p>
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Well / Borehole Data

Date drilling started: 8-15-11 Date drilling completed: 8-15-11 Hole depth: 121 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: 48' feet above or below (circle one) land surface Date measured: 8-16-11

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

Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 81 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 See back feet to _____ feet

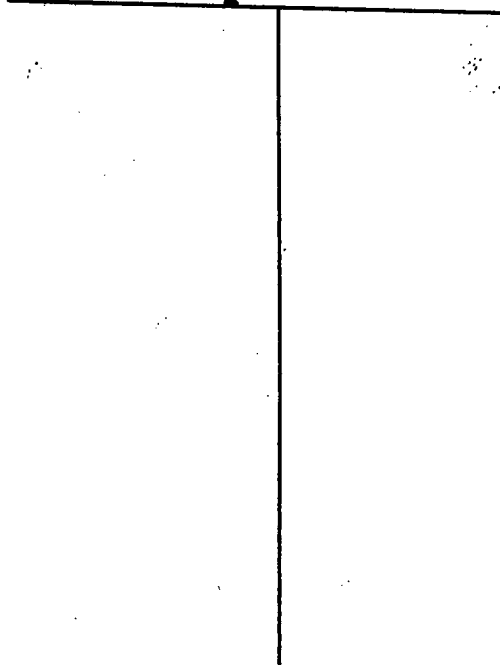
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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	29
Fine Sand	30	38
Fine Sand + Gravel	39	49
Medium Sand + Gravel	50	88
Fine Sand	89	99
Medium Sand + Gravel	100	121
Screen: 050		
(72-91) 20' PVC		
(92-101) 10' Blank		
(102-121) 20' PVC		

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: Collier Tillman

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

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

RECEIVED
MAY 17 2011
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

County: Leflore
Permit #: GW-45477
Irrigation Equipment
Driller:
Date completed: 8-15-11
Copy information from check 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:
Well #: A159
Elevation:

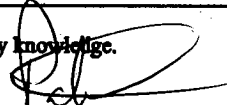
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Collier Tillman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 205</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlator</u> <u>Ms.</u> <u>38952</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>21</u> T <u>22N</u> R <u>2W</u>
Telephone No. () _____	Distance <u>5</u> Miles Direction <u>W</u> of <u>Minter City</u> Nearest Town

Pump Type	Power Type
Circle one	Circle one
<input type="checkbox"/> Air Lift	<input checked="" type="checkbox"/> <u>Diesel Engine</u>
<input type="checkbox"/> Bucket	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Electric Motor
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hand _____
Date Pump Installed: <u>8-16-11</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	Setting Depth: <u>80</u> feet
	Number of Stages: <u>2</u>

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

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) 
Signature of Pump Installer