

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)

For Office Use Only:

Aquifer: _____
Well #: H-156
L. S. Elevation: _____
E-log #: _____

County: Leflore
Femil #: 6042103
Irrigation Equipment
Driller: _____
Date drilling completed: 8-2-07

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>Teoc and Company</u>	Latitude: <u>33.33.36.7</u> Longitude: <u>90.05.57.6</u>
Mailing Address: <u>991 County Rd 188</u>	Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>57</u>
<u>Greenwood Ms. 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 29 Twn 20N Rng 2E</u>
Telephone No. <u>(662) 453-8319</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Greenwood</u>

Well Data

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

Date well drilling started: 8-2-07 Date well drilling completed: 8-2-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 14 feet above of below (circle one) land surface Date measured: 8-3-07

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

Hole depth: 97 Well depth: 97 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 37 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 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

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AUG 13 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: Leflore
 Permit #: 6642103
 Driller: Irrigation Equipment
 Date completed: 8-2-07

For Office Use Only:

Aquifer: _____
 Well #: H-156
 Elevation: _____

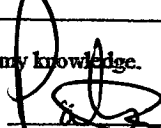
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Teoc and Company</u> Mailing Address: <u>991 County Rd 188</u> <u>Greenwood Ms. 38930</u> <small>City State Zip Code</small> Telephone No. <u>(662) 453-8319</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <small>USGS quad, Hand-held GPS, Survey-grade GPS</small> <u>NE 1/4 SE 1/4 Sec 29 Twn 20N Rng 2 E</u> Distance Direction Nearest Town <u>4 Miles NE of Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-3-07</u> Rated Pump Capacity: <u>2800⁺</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</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	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

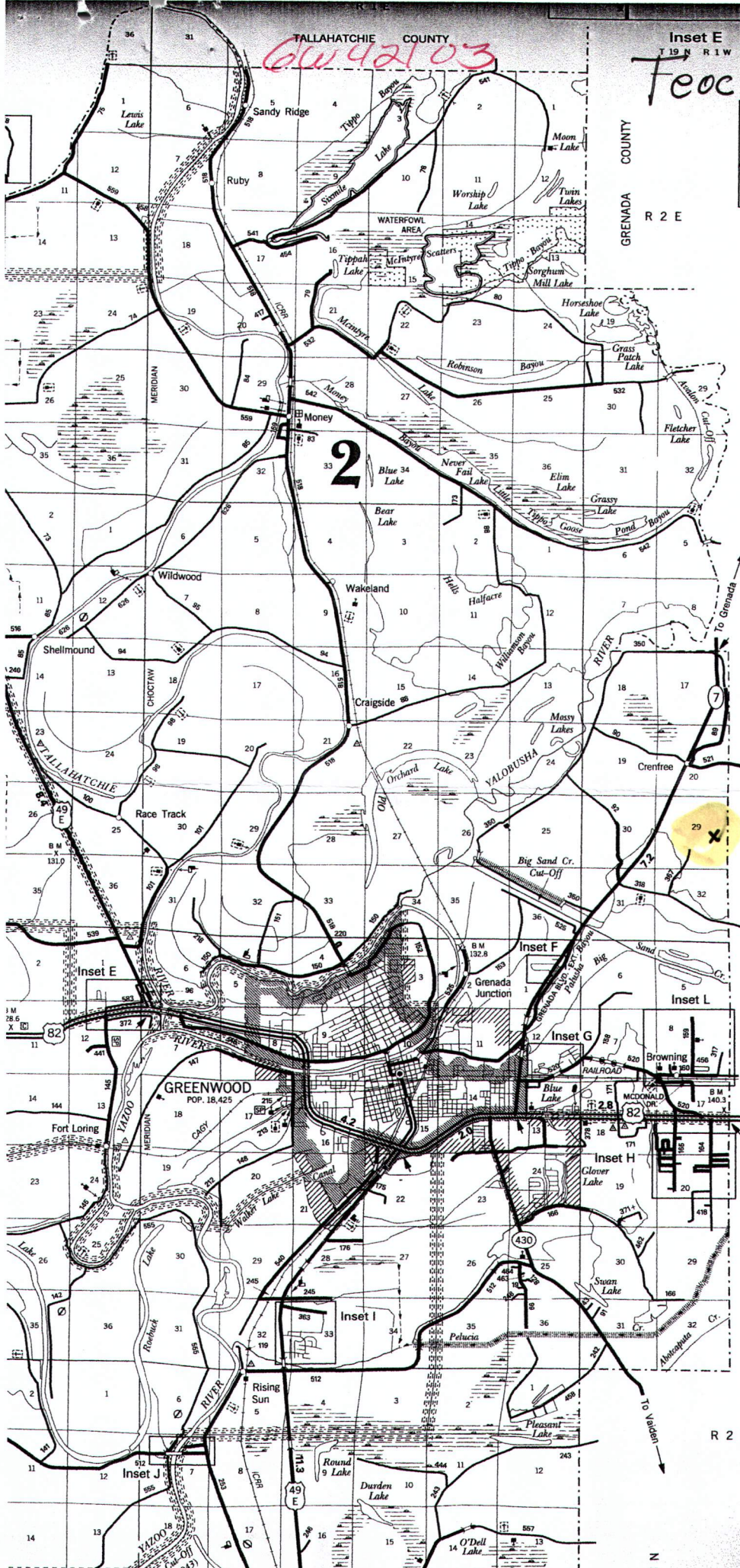
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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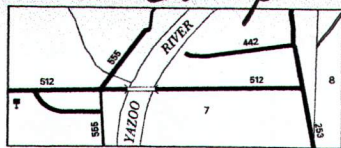
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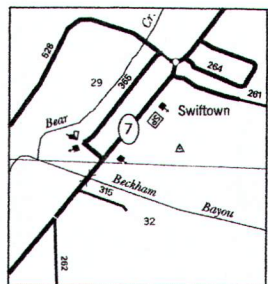


TALLAHATCHIE COUNTY
6W 42103

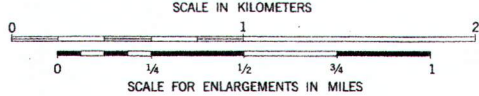
Inset E
T 19 N R 1 W
Teoc and Company Map



Inset J
T 18 N R 1 E
H-156



Inset K
T 17 N R 2 W



- APPROXIMATE
- AIRWAY LIGHT BEAM
- DRAINAGE
- DRY STREAM
- DRAINAGE DITCH
- LAKES AND RESERVOIR
- OVERFLOW LAND
- MARSH OR SWAMP
- STATE BOUNDARY
- COUNTY BOUNDARY
- BEAT LINE
- CONGRESSIONAL TOWNSHIP SECTION LINE
- NATIONAL OR STATE RESERVATION, PARK
- URBAN AREA COMBINED
- INCORPORATED PLAZA
- UNINCORPORATED
- DOCK, PIER, OR LEVEE OR DIKE
- LEVEE OR DIKE WITH
- CITY AND
- COUNTY SEAT
- OTHER CITIES AND
- TRIANGULATION STATION
- BENCH MARK WITH
- PUBLIC
- PIPELINE, GAS OR ELECTRIC
- TRANSMISSION LINE
- UNDERGROUND TELEPHONE
- OBSERVATION OR LIGHT
- HIGHWAY GARAGE
- POST OFFICE
- POWER PLANT
- WEIGHT STATION
- HOSPITAL
- SEWAGE DISPOSAL
- COMMUNITY CENTER
- NATIONAL PARK
- FIRE STATION
- PUBLIC LIBRARY
- SANITARY LAND FILL
- CORRECTIONAL INSTITUTION
- POLICE STATION
- GRAVEL PIT
- CONSERVATION
- MOTEL OR HOTEL
- CAMP OR LODGE
- HISTORIC OR SCENIC
- FAIR GROUNDS OR SMALL PARK
- GOLF COURSE OR
- FACTORY OR INDUSTRIAL
- SEASONAL INDUSTRIAL
- CHURCH
- CHURCH WITH CEMETERY
- CEMETERY
- SCHOOL
- MISCELLANEOUS
- ARMORY
- FORT, ARMY CAMP

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