

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:

County: PANOLA
Permit #: 46000
Driller: PETE'S WELL DRILLING
Date drilling completed: 5-29-06

Aquifer: _____
Well #: Q-42
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>THOMAS FARMS</u>	Latitude: <u>34° 18' 17.17"</u> Longitude: <u>90° 01' 49.827"</u>
Mailing Address: <u>211 W. Moreland</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Batesville MS 38606</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 15 Twn 9S Rng 8W</u>
Telephone No. (____) _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well Data

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

Date well drilling started: 5-29-06 Date well drilling completed: 5-29-06

If flowing, method of flow regulation: Valve _____ Other (describe) NO FLOW

Static Water Level: 5 1/2 ft feet above or below (circle one) land surface Date measured: 5-29-06

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

Hole depth: 82 ft Well depth: 82 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 42 ft feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 47 ft feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.40 inches Setting depth: From 47 feet to 82 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): No log

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.

Pete's Well Drilling & Repair Repair Pete's Well Drilling & Repair
Print Name of Water Well Contractor and License No. 2430 Signature of Water Well Contractor

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JUN 19 2006

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)

For Office Use Only:

Aquifer: _____
Well #: Q.42
Elevation: _____

County: Panola
Permit #: _____
Driller: _____
Date completed: 7/12/06

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>THOMAS FARMS</u>	Latitude: <u>34 18 177</u> Longitude: <u>90 01 82 7</u>
Mailing Address: <u>211 Westmoreland</u>	Method of Lat/Long (circle one): Conventional Survey, <u>10</u>
<u>Batesville, MS 38600</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>9s</u> Rng <u>8w</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>NW</u> of <u>BATESVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>7-12-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>6</u> 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 _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752 P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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