

County: Panola
 Permit #: _____
 Driller: Mike Wells
 Date drilling completed: 7/26/05

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: V-66
 Well #: _____
 L.S. Elevation: 495
 P-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
 Owner Name: Tripp Thomas Farms
 Mailing Address: 123 Hillcrest Dr.
Batesville MS 38606
 City State Zip Code
 Telephone No. 662 563-7756

Well Location
 Latitude: 34° 10' 01" Longitude: 89° 58' 04"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 SE 1/4 NE 1/4 Sec 31 Twp 21 N Rng 3E
 Distance 4 Miles Direction SW of 109E
 Nearest Town _____

loc
quest

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 7/26/05 Date well drilling completed: 7/26/05
 If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 7/26/05
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix
 Casing length: 51 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 23 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: 050 inches Setting depth: From 20 feet to 43 feet

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

Top of lap pipe or reduction in casing: N/A 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): NA
 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.

Thomas Christman 0-703
 Print Name of Water Well Contractor and License No.

Thomas C. Christman
 Signature of Water Well Contractor



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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: U95
Well #: V-66
Elevation: _____

County: Amelia
Permit #: _____
Driller: Mike Wells
Date completed: 7/26/05

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>Tripp Thomas Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>123 Hillcrest Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Batesville, MS 38606</u>	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>10S</u> Rng <u>7E</u>
City State Zip Code	Distance _____ Direction <u>33</u> Nearest Town <u>27N 3E</u>
Telephone No. <u>662 563-7756</u>	_____ Miles _____ of _____

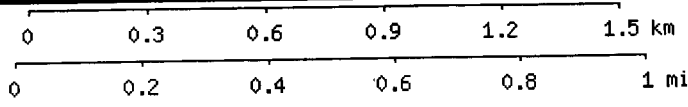
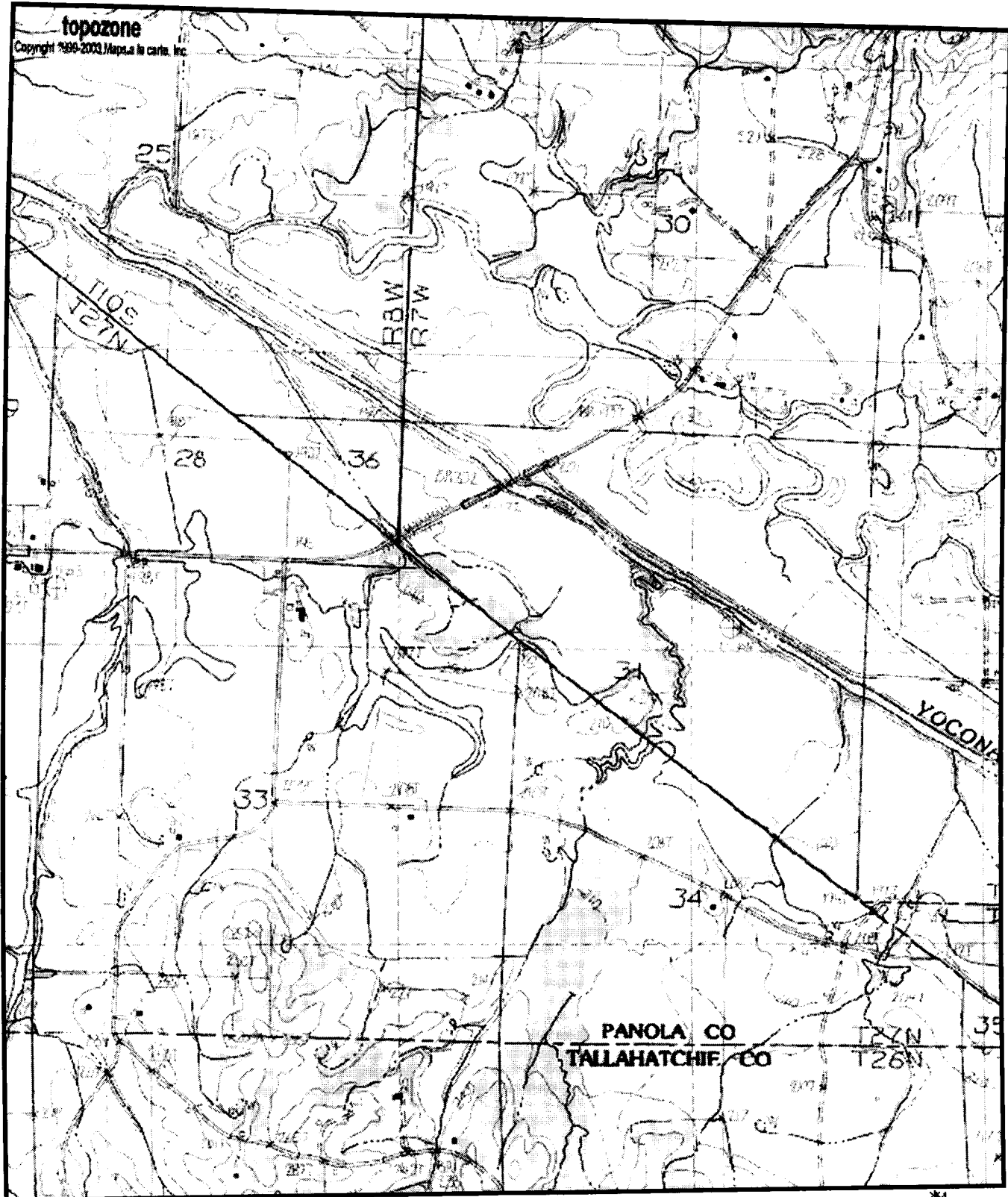
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7/27/05</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line Electric Measuring Line <u>Steel Tap</u>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>n/a</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>n/a</u> feet
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	Well yielded <u>n/a</u> 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.
Thomas G Christman 0-703 Thomas G Christman
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Map center is UTM 16 225363E 3785362N (WGS84/NAD83)
Courtland quadrangle
Projection is UTM Zone 16 NAD83 Datum

M=0.059
G=-1.675