

Apr 25 05 01:03p

Mid-South Water

(662)843-1717

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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 #: C-71
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 6W 16125
Driller: H. C. Sawyer Jr.
Date drilling completed: 4/15/05

Mid-South Water and Machine Works, Inc

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>Town of Tutwiler</u>	Latitude: <u>34002.4N / 90252.3W</u>
Mailing Address: <u>P.O. Box 176</u>	Longitude: _____
<u>Tutwiler, MS 38963</u>	Method of Lat/Long (circle one): <u>MS Office of Geology</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>45</u> Rng <u>2W</u>
	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: 2/27/05 Date well drilling completed: 4/15/05

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

Static Water Level: 29 feet above or below (circle one) land surface Date measured: 4/15/05

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

Hole depth: 1041' Well depth: 1030' Well grouted to a depth of 975' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 975 feet Casing diameter: 14 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 980 feet to 1030 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: 875 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): MS Geological Service ELOG#C0071

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 G. Chrestman 0-703 *Thomas G. Chrestman*
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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To: 360 0535

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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: _____

Well #: C-71

Elevation: _____

County: Tallahatchie
 Permit #: 6W16125
 Driller: H.C. Lowery, Jr.
 Date completed: 7/16/05

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>Town of Tutwiler</u>	Latitude: <u>340024N</u> Longitude: <u>902523W</u>
Mailing Address: <u>P.O. Box 176</u>	Method of Lat/Long (circle one): <u>MS Office of Geology</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tutwiler, MS 38963</u> City State Zip Code	<u>1/4 1/4 Sec 29 Twp 29N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jct Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/16/05</u>	Setting Depth: <u>186</u> feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>4</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 Tape</u>
Static Water Level (A): <u>29</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>n/a</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>n/a</u> 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