

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 #: OC-83
L. S. Elevation: _____
E-log #: _____

County: Itasca
Permit #: 60 40742
Driller: Delta Drilling of Lawrence
Date drilling completed: 12-13-05

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>Bill Thomas</u>	Latitude: <u>34.03.388</u> , Longitude: <u>090.23.278</u>
Mailing Address: <u>5160 Sandalby</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Memphis Tn. 38117</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>10</u> Twp <u>35N</u> Rng <u>R2W</u>
Telephone No. <u>(661) 766-9075</u>	Distance: <u>3.9</u> Miles Direction: <u>N</u> of Nearest Town: <u>Tomball MS</u>

Well Data

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

Date well drilling started: 12-13-05 Date well drilling completed: 12-13-05

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 12-14-05

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

Hole depth: 110 Well depth: 94 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: 34 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0050 inches Setting depth: From 60 feet to 94 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: WISAR

Name of organization running log(s): 0

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.

ALAN PYLE 0674
Print Name of Water Well Contractor and License No.

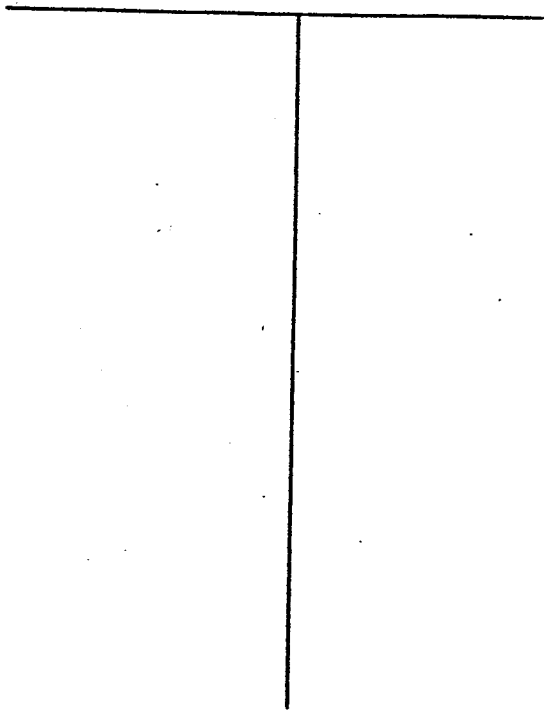
[Signature]
Signature of Water Well Contractor

GW 40742

C-53

If well telescopes please sketch below and show depths.

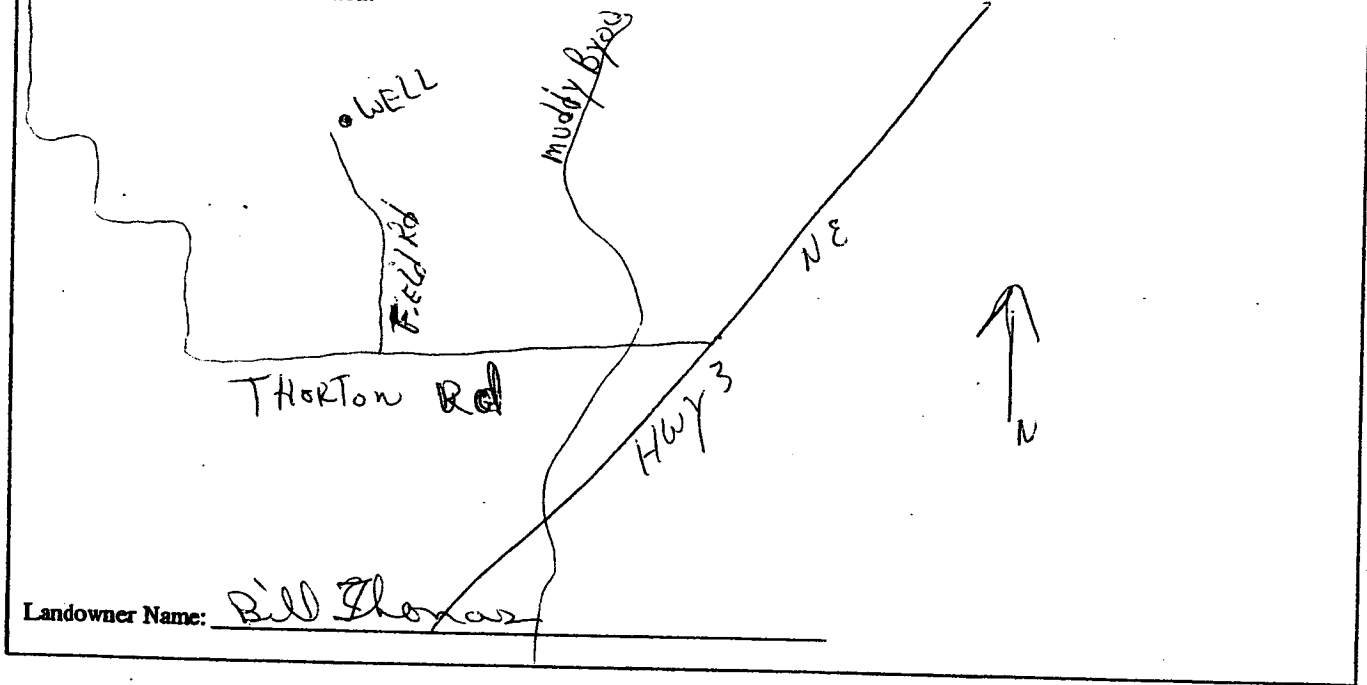
Ground Level



Description of Formations Encountered	From	To
Clay + Loamy Soil	0	35
Coarse Sand	35	50
Clay	50	60
Coarse Sand + Gravel	60	94
Wood	94	110

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) indicate direction.



Landowner Name: Bill Thomas

Signature of Water Well Contractor

03/07/2006 17:37 FAX

CIRCLE S IRRIGATION

003/004

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: TALAHATCHIE
 Permit #: _____
 Driller: DELTA DRILLING OF MISSISSIPPI
 Date completed: 12-13-05

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-83
 Elevation: _____

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>BILL THOMAS</u>	Latitude: <u>34° 03' 38"</u> Longitude: <u>090° 23' 28"</u>
Mailing Address: <u>5160 SANDERLIN</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MEMPHIS TN 38117</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 9 Twn 24N Rng 22W</u>
Telephone No. <u>(688) 766-9075</u>	<u>NW NE</u> Direction <u>10</u> Nearest Town <u>25N</u>
	<u>3 1/2</u> Miles <u>N</u> of <u>Tutwiler, MS</u>

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> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>	
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>	
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____	
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>12/23/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>Two</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>24</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer