

tallahatchee

State Well Report

Part I

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-87
L. S. Elevation: _____
E-log #: _____

County: Cattaraugus
Permit #: 41122
Driller: Pete's Well Drilling
Date drilling completed: 6-6-06

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>Jim Wilburn / Dixie Farms</u>	Latitude: <u>34° 03' 678</u> Longitude: <u>90° 21' 423</u>
Mailing Address: <u>PO Box 37</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>VANCE, MS 38964</u>	USGS quad: <u>SE 1/4 SW 1/4 Sec 01 Twn 25N Rng 2W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>663 345-8544</u>	

Well Data

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

Date well drilling started: 05-6-06 Date well drilling completed: 6-6-06

If flowing, method of flow regulation: Valve _____ Other (describe) No Flow

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 6-6-06

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

Hole depth: 100 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 40 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

RECEIVED

Top of lap pipe or reduction in casing: NONE 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: JUN 22 2006

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 & Pump Repair
Print Name of Water Well Contractor and License No. 0430

Pete's Well Drilling
Signature of Water Well Contractor

41122

10/17/2006 13:59 FAX

CIRCLE S IRRIGATION

002/002

REVISED

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Tallahatchie
 Permit #: _____
 Driller: Pete's Well Drillers
 Date completed: _____

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-87
 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>DIXIE FARMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 37</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>VANCE</u> <u>MS</u> <u>38964</u>	<u>NW 1/4 NE 1/4 Sec 1</u> <u>Twn 25N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 345-8544</u>	<u>1</u> Miles <u>5</u> of <u>VANCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-07-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1250</u> Gallons Per Minute	Number of Stages: <u>1</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>18</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 0-752P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 OCT 17 2006
 BY: OLWR

Job # 250

C-87

If well telescopes please sketch below and show depths.

Ground Level

Large empty rectangular box for sketching well telescopes and depths.

Description of Formations Encountered	From	To
CLAY CLAY	25	25
FINE SAND	25	45
MEDIUM SAND	45	55
COARSE SAND & GRAVEL	55	100

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.

WELL LOCATED SOUTH
END OF VANCE ON
#3 AT VANCE RD

Landowner Name: Jim Wilson

Date September
Signature of Water Well Contractor