

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)

County: Tallahatchie
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 3-10-07

For Office Use Only:
Aquifer: _____
Well #: C-92
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>Farmers National Company</u>	Latitude: <u>33.59 40.1</u> , Longitude: <u>90 26 50.5</u>
Mailing Address: <u>622 West Poplar, Suite 5</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>PMB 357</u>	USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Collierville TN 38017</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>31</u> Twn <u>25N</u> Rng <u>2W</u>
City: _____ State: _____ Zip Code: _____	SW Distance: <u>1</u> Miles <u>SW</u> Direction: _____ Nearest Town: <u>Tutwiler</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 3-10-07 Date well drilling completed: 3-10-07

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

Static Water Level: 36 feet above of below (circle one) land surface Date measured: 3-12-07

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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): _____

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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Patrick M. Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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MAR 30 2007

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	45
Fine Sand/gravel	46	53
Med. Sand/gravel	54	125

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.

The sketch shows a property layout overlaid on a topographic map of the Tutwiler, Mississippi area. The map includes the following details:

- Boundaries:** Township 25 N, Range 49 E, and Coahk.
- Roads:** Hwy 49, Hwy 6, Hwy 15, Hwy 22, Hwy 34, Hwy 5, Hwy 8, Hwy 14, Hwy 16, Hwy 17, Hwy 18, Hwy 19, Hwy 20, Hwy 21, Hwy 27, Hwy 28, Hwy 29, Hwy 30, Hwy 31, Hwy 32, Hwy 33, Hwy 34, Hwy 35.
- Water Bodies:** Hopson, Baker, Tutwiler, Clark, Reyer, Wilson, Rowen, Clark, Reyer, Wilson, Rowen.
- Structures:** A well location is marked with a circled '1' and a north arrow. A house is marked with a circled '2'. A barn is marked with a circled '3'. A power line is marked with a circled '4'.
- Other:** The population of Tutwiler is noted as 1,391. Elevation points are shown as B.M. (Benchmark) with values: 154.0, 159.26, 157.1, 149.1, 150.6, 155.6.

Landowner Name: _____

Patrick M. O
Signature of Water Well Contractor

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)

County: Tallahatchie
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 3-10-07

For Office Use Only:

Aquifer: _____
 Well #: C-92
 Elevation: _____

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>Farmers National Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>622 West Poplar, Suite 5</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>PMB 357</u>	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>25N</u> Rng <u>2W</u>
<u>Collierville TN 38017</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>SW</u> of <u>Tutwiler</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet 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>40</u>
Date Pump Installed: <u>3-12-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800±</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 Steel Tape
Static Water Level (A): _____ 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.

Patrick M. Chism 0695 Patrick M. Chism RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAR 30 2007
 BY OLWR