

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-96
L. S. Elevation:
E-log #:

Courtesy: Tallahatchie
Permit #: CW 41902
Irrigation Equipment
Driller:
Date drilling completed: 6-8-07

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 S. M. Fewell & Co., Mailing Address: Box 159, Vance Ms. 38964, Telephone No.
Well Location: Latitude: 34° 02' 26", Longitude: 90° 25' 19.8", Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Survey-grade GPS, Distance: 4 Miles NE of Tutwiler

Well Data: Purpose of Well (circle one) Irrigation, Date well drilling started: 6-8-07, Date well drilling completed: 6-8-07, Static Water Level: 32 feet above or below land surface, Method of Measurement (circle one) steel tape, Hole depth: 126, Well depth: 126, Well grouted to a depth of 10 feet, Type of grout (circle one) Bentonite, Casing length: 86 feet, Casing diameter: 12 inches, Type of casing: PVC, Screen length: 40 feet, Screen diameter: 12 inches, Type of screen: PVC, Screen slot size: .050 inches, Setting depth: From 87 feet to 126 feet, Type of completion (circle all applicable): Gravel packed

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
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor
RECEIVED
JUN 29 2007
BY: OLWR



# 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 #: 6W41902  
 Driller: \_\_\_\_\_  
 Date completed: 6-8-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-96  
 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.

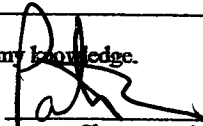
Well Owner Information	Well Location
Owner Name: <u>S. M. Fewell &amp; Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 159</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vance Ms. 38964</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 15 Twn 25N Rng 2W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4 Miles NE of Tutwiler</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>6-9-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600±</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 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
Test Pumping Rate: _____ 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.

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

  
 Signature of Pump Installer

**RECEIVED**  
 JUN 29 2007  
 BY: OLWR

6W41902

S. M. Fewell + Co. Map

C-96

R 2 E

T 26 N  
QUITMAN COUNTY

R 2 W

R 1 W

R 1 E

QUITMAN COUNTY

OSAGE COUNTY

SUMNER COUNTY

LEFLORE COUNTY

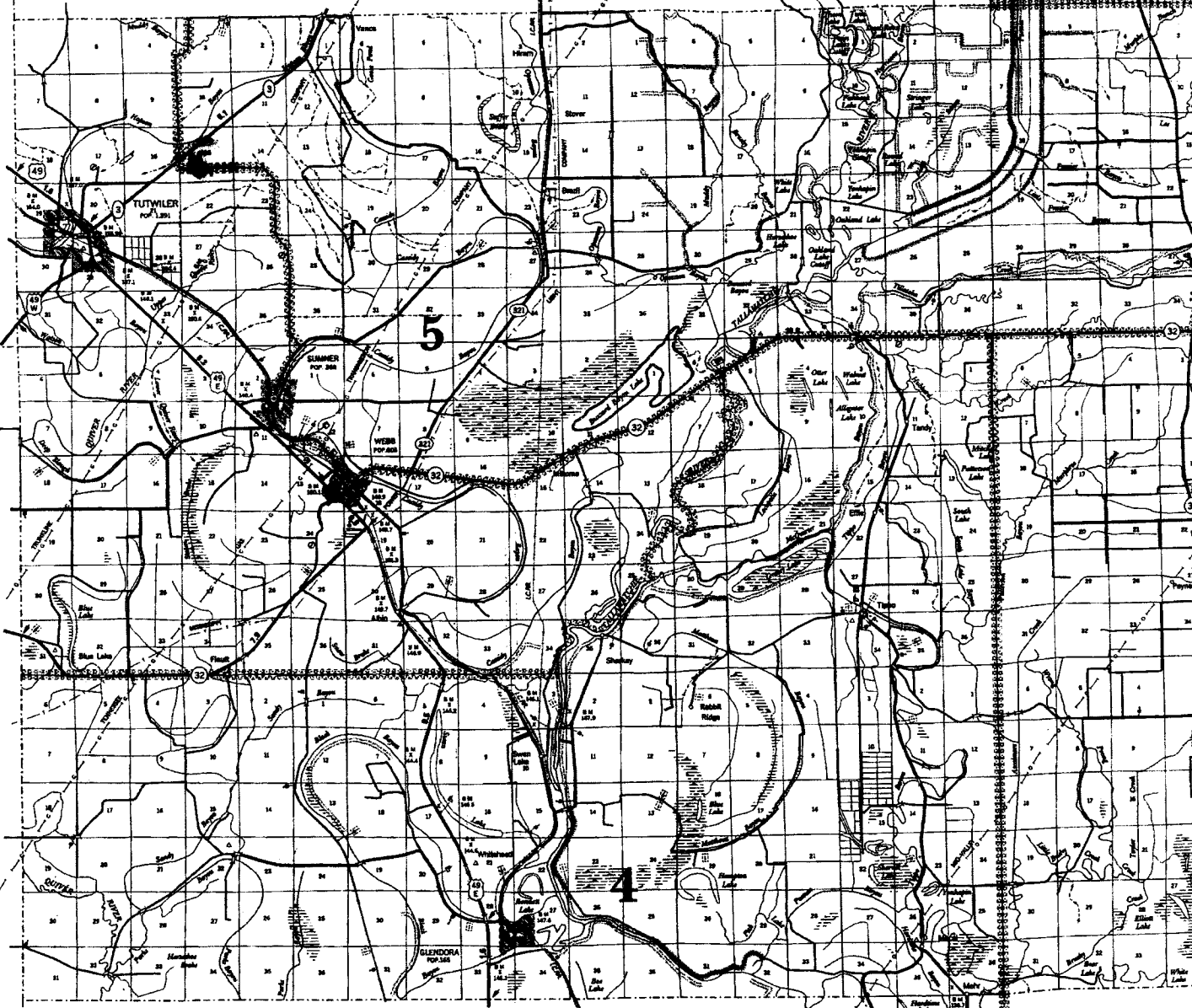
LEFLORE COUNTY

R 2 W

R 1 W

R 1 E

R 2 E



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To Miller City