County: Tallahatchie		
Permit#: <u>6w4/0/7</u> Irrigation Equipment Driller:		
-	ing completed: 5-3-06	

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 #: $\sqrt{-21}$	
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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Virginia Nowlin Trust	Latitude: 34.02 37.4 Longitude: 90.15.31.,1			
Mailing Address: c/o AmSouth Bank	Method of Lat/Long (circle one): Conventional Survey,			
Suite 6000 Poplar Ave.,300	USGS quad, Hand-held GPS, Survey-grade GPS			
Memphis, TN 38119	NW 13 Twn 25N Rng W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	2 Miles <u>NE</u> of <u>Brazil</u>			
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $5-3-06$ Date well drilling completed: $5-3-06$				
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 18' feet above of below (circle one) land surface Date measured: 5-25-06				
Method of Measurement (circle one) steel take electric tape	air line other:			
Hole depth: 115 Well depth: 115	Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Benton te Mix				
Casing length: 75 feet Casing diameter. 10 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 10	inches Type of screen: _ PVC			
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Under	reamed 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	tated M Chi			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

RECEIVED

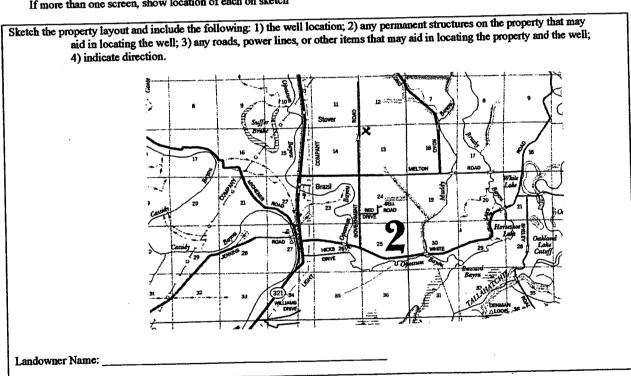
JUN 0 1 2006

BY: OLWR

Ground Level

Description of Formations Encountered	From To 19
Fine Sand	26 40
Fine Sand/gravel	
Fine Sand/gravel Med. Sand/gravel	41 115
	+

If more than one screen, show location of each on sketch



STATE WELL REPORT

County: Tallahatchie Permit #: G W Y / O / 7 Irrigation Equipment Driller: 5-3-06

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well#:	
Elevation:	_

Copy information from block on Part 1	4-6938 (fax)			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: Virginia Nowlin Trust	Latitude: Longitude:			
Mailing Address: c/o AmSouth Bank	Method of Lat/Long (check one): Conventional Survey,			
6000 Poplar Ave,,Suite 300	USGS quad, Hand-held GPS, Survey-grade GPS			
Memphis TN 38119	NW 1/4 NW 1/4 Sec 13 T 25N R 1W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	2 Miles NE of Brazil			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Rectric Molor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 15			
Date Pump Installed: 5-25-06	Setting Depth:feet			
Rated Pump Capacity: 750 Gallons Per Minute	Number of Stages:1			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested:				
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):			
Pumping Water Level (B):Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
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 Form: OLWR-SWR-1B				

RECEIVED

JUN 0 1 2006

BY: OLWR