

# 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 #: GW41017  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-3-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-71  
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>Virginia Nowlin Trust</u>	Latitude: <u>34.02 37.4</u> Longitude: <u>90.15.31.1</u>
Mailing Address: <u>c/o AmSouth Bank</u> <u>6000 Poplar Ave., Suite 300</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Memphis, TN 38119</u>	NW <u>13</u> 25N Rng <u>1W</u> 1/4 1/4 Sec Twn Rng
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Brazil</u>
Telephone No. ( ) _____	

**Well 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 (describe) \_\_\_\_\_

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 5-25-06

Method of Measurement (circle one) steel tape 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 Bentonite 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: .050 inches Setting depth: From 76 feet to 115 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

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 01 2006  
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 #: GW41017  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-3-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-21  
 Elevation: \_\_\_\_\_

*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**

Owner Name: Virginia Nowlin Trust  
c/o AmSouth Bank  
 Mailing Address: \_\_\_\_\_  
6000 Poplar Ave., Suite 300  
Memphis TN 38119  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_,  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
NW ¼ NW ¼ Sec 13 T25N R 1W  
 Distance Direction Nearest Town  
2 Miles NE of Brazil

**Pump Type**  
Circle one

Air Lift Jet  Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 5-25-06  
 Rated Pump Capacity: 750 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 15  
 Setting Depth: \_\_\_\_\_ feet  
 Number of Stages: 1

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of  
 \_\_\_\_\_ feet after \_\_\_\_\_ hours 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) Patrick M. Chism  
Signature of Pump Installer

Form: OLWR-SWR-1B

**RECEIVED**  
 JUN 01 2006  
**BY: OLWR**