

GW44837

County: Tallahatchie  
 Permit #: 0368  
 Driller: Joel Jumper  
 Date drilling completed: 6/21/06

**State Well Report**  
**Part 1 - Driller's Log**

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 #: D-75  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Art Wolfe</u>        Mailing Address: <u>Brazil Planting Co</u>  <u>174 Melton Rd</u>  <u>Tutwiler MS 38963</u>        City State Zip Code        Telephone No. <u>662 375-4068</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 00' 73.2"</u> Longitude: <u>90° 15' 53.0"</u>        Method of Lat/Long (circle one): <u>44</u> Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>        NW <u>1</u>/<u>4</u> NE <u>1</u>/<u>4</u> Sec <u>26</u> Twn <u>25</u>N Rng <u>1</u>W        Distance Direction Nearest Town  <u>6</u> Miles <u>South</u> of <u>Brazil</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6/21/06</u> Date drilling completed: <u>6/21/06</u> Hole depth: <u>120</u> Hole diameter: <u>24</u>        Location of the source of any surface water used for drilling: <u>Supply Well</u>        Method of dosing and volume of Chlorine used in drilling and development: _____        Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____        Name of organization running log(s): _____        Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___        Seismic Survey ___ Other (describe) _____  <i>If drilling is not related to water well construction, skip the remainder of this block</i>        Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation <input checked="" type="checkbox"/> Fish Culture ___ Other: _____        If a flowing well, method of flow regulation: Valve ___ Other (describe) _____        Static Water Level: <u>15</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6/21/06</u>        Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____        Well depth: <u>120</u> Well grouted to a depth of <u>120</u> feet Type of grout (circle one): Neat Cement Bentonite Mix        Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>        Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>        Screen slot size: <u>50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet        Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development        Other (describe): _____        Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

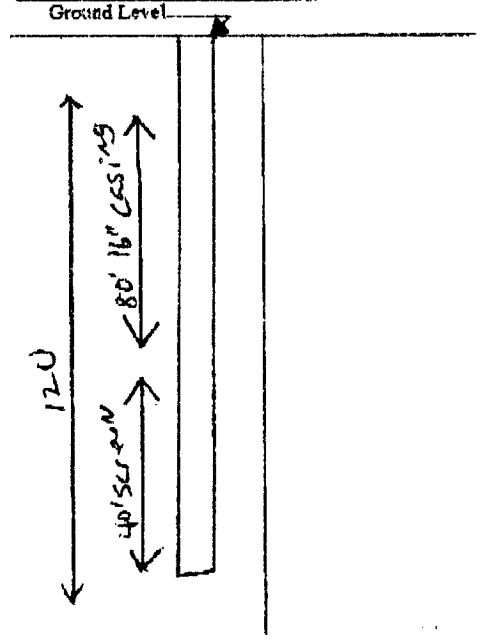
Form: OLWR-SWR-1A

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D-75

The sketch below only required for water wells

If well telescopes, show depths on sketch

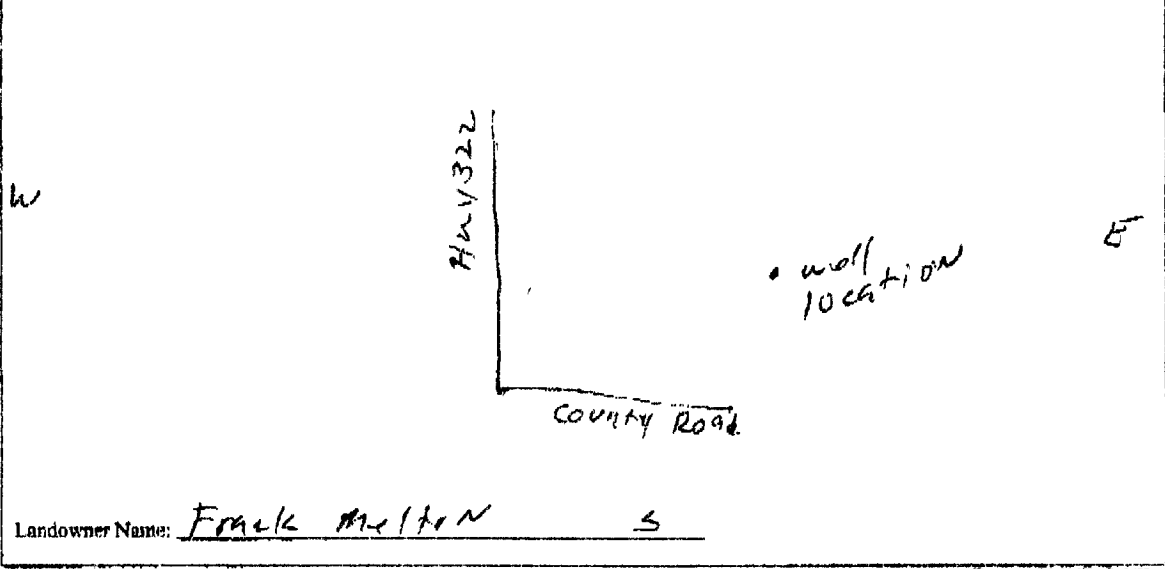


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	30
Fine Sand	30	35
Coarse Sand	35	120

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) a north arrow.



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws

Print Name of Responsible Licensee and License No. Joel Jumper 0368      Date 7-11-06

Signature of Licensee Joel Jumper

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# 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 #: 0368  
 Driller: Joel Jumper  
 Date completed: 6/21/06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-75  
 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	Well Location
Owner Name: <u>Art Wolfe</u>	Latitude: <u>3400730</u> Longitude: <u>09015880</u>
Mailing Address: <u>Brazil Planting Co.</u> <u>174 Melton Rd</u> <u>Tutwiler MS 38963</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>26</u> T <u>25N</u> R <u>1W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>South</u> of <u>Brazil</u>
Telephone No. ( <u>662</u> ) <u>375-4068</u>	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6/21/06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/21/06</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2500</u> 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.

Joel Jumper 0368      Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: **RECEIVED**  
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