

State Well Report

Part I

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-81
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 6W4843
Irrigation Equipment
Driller: _____
Date drilling completed: 5-17-07

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	Well Location
Owner Name: <u>George Cossan</u>	Latitude: <u>34° 03' 44.0</u> Longitude: <u>90° 15' 17.0</u>
Mailing Address: <u>11 Green Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tutwiler Ms. 38963</u>	<u>SW 1/4 SW 1/4 Sec 1 Twn 25N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Tutwiler</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-17-07 Date well drilling completed: 5-17-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5-19-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 88 feet to 127 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

6W41843

D-81

If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand + Gravel	22	40
Medium Sand + Gravel	41	127

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.

Landowner Name: George Cossar


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)

For Office Use Only:

Aquifer: _____

Well #: D-81

Elevation: _____

County: Tallahatchee
 Permit #: GW 41843
 Driller: _____
 Date completed: 5-17-07

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

Owner Name: George Cassar
 Mailing Address: 11 Green Drive
Tutwiler Ms. 38963
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec 1 Twn 25N Rng 1W
 Distance Direction Nearest Town
10 Miles NE of Tutwiler

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5-19-07
 Rated Pump Capacity: 2200 ± 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: 60
 Setting Depth: 60 feet
 Number of Stages: 2

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

6W41843

George Cossar Map

D-81

