

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 #: D-83
L. S. Elevation:
E-log #:

County: Tallahatchie
Permit #: 6W41847
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: SMD Farm, 11 Green Drive, Tutwiler Ms. 38963
Well Location: Latitude: 34°03'44.0 Longitude: 90°15'09.0
Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Distance: 6 Miles NE of Webb

Well Data: Purpose of Well: Irrigation
Date well drilling started: 5-17-07 Date well drilling completed: 5-17-07
Static Water Level: 20 feet below land surface Date measured: 5-19-07
Method of Measurement: steel tape
Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet
Type of grout: Bentonite
Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC Sch 40
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC Sch 40
Screen slot size: .050 inches Setting depth: From 86 feet to 125 feet
Type of completion: Gravel packed

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

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.



# 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 #: 6W49842  
 Driller: \_\_\_\_\_  
 Date completed: 5-17-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-83  
 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>SMD Farm</u>	Latitude: _____ Longitude: _____
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>SE 1/4 SW 1/4 Sec 24 Twn 25N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6 Miles NE of Webb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>15</u>
Date Pump Installed: <u>5-17-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750 ±</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

# SMD Farm Map

