County: Tallahatchie
Permit#: <u>6 \omega 4080 </u> Irrigation Equipment
Driller: 12-19-05 Date drilling completed:

## **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 #: E-55
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 Yorkwood	34 02 25.3N 90 09,57,4 Latitude: Longitude:			
Mailing Address: 2652 Dahlia Ct.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	NE 1/4 NW 1/4 Sec 14 Twn 25N Rng 1E			
Grand Junction, CO 81506	1115 74 1VV 74 Sec 7 4 1WII Rug			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (	10 Miles West of Charleston			
Telephone No.				
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Ingation Fish Culture Other:			
Date well drilling started: 12-19-05 Date w	well drilling completed: 12-19-05			
If flowing, method of flow regulation: Valve Other (d	lescribe)			
Static Water Level: 16' feet above or below (circle one)	land surface Date measured: 12-20-05			
Method of Measurement (circle one) steel tape electric tape				
Hole depth: 115 Well depth: 115	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 95 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40			
Screen length: 20 feet Screen diameter: 16				
	78 feet to 97 feet			
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If te	elescoped 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 De	partment of Health regulations and state laws.			
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrix M Chai			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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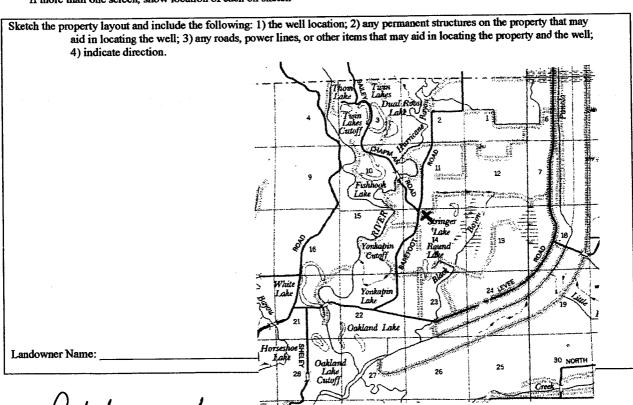
JAN 1 0 2006

BY: OLWR

Ground Level

Description of Formations Encountered	From	То
Clay	0	20
Fine Sand	21	45
Fine Sand/gravel Med. Sand/gravel	46	77
Med. Sand/gravel	78	94
Clay	1 20	101
Fine Sand/Clay	102	115
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

## STATE WELL REPORT

## County: Tallahatchie Permit# GW 4080/ Irrigation Equipment Driller: 12-20-05

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#: <u>E-55</u>			
Elevation:			

This report should be prepared by the pump installer in det installation of pump.	tail and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: Yorkwood	Latitude: Longitude:			
Mailing Address: 2652 Dahlia Ct.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Grand Junction CO 81506  City State Zip Code	NE 14NW 14 Sec 14 Twn 25NRng 1E			
Only Same Zap code	Distance Direction Nearest Town			
Telephone No. ()_	10 Miles West of Charleston			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 60			
Date Pump Installed: 12-20-05	Setting Depth: 60 feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:1			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
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			
	- <del></del>			

I HEREBY CERTIFY that the	e above statement	are true to the be	st of my knowletige.	10	. 1 -	
Patrick M. C			Patris		Chin	
Print Name of Pump Installer	and License No. (	if applicable)	Signature	of Pum	p Installer	

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JAN 1 0 2006

BY: OLWR