

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 #: _____

County: Tallahatchie
Permit #: GW 40801
Irrigation Equipment
Driller: _____
Date drilling completed: 12-19-05

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>Yorkwood</u> | Latitude: <u>34 02 25.3N</u> Longitude: <u>90 09 57.4</u> |
| Mailing Address: <u>2652 Dahlia Ct.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Grand Junction, CO 81506</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 14 Twn 25N Rng 1E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>10 Miles West of Charleston</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 12-19-05 Date well drilling completed: 12-19-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

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 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: 95 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 78 feet to 97 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 Patrick M Chism

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If well telescopes please sketch below and show depths.

5-

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 20 |
| Fine Sand | 21 | 45 |
| Fine Sand/gravel | 46 | 77 |
| Med. Sand/gravel | 78 | 94 |
| Clay | 95 | 101 |
| Fine Sand/Clay | 102 | 115 |
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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: _____

Patrick M. Chini
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Tallahatchie
 Permit #: QW40801
 Irrigation Equipment Inc.
 Driller: _____
 Date completed: 12-20-05

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 #: E-55
 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>Yorkwood</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2652 Dahlia Ct.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Grand Junction CO 81506</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 14 Twn 25N Rng 1E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>10 Miles West of Charleston</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u> |
| Date Pump Installed: <u>12-20-05</u> | |
| Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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