County:
Permit#: <u>GW A 1666</u> Irrigation Equipment Driller:
Date drilling completed: 7-11-06

## **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 #: _ F-56
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	<b>Well Location</b>		
Owner Name	34 02 42.5 90 08 02.6 Latitude:		
Mailing Address: 2652 Dahalia Ct.	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	NW 4 Sec 7 Twn 25N Rng 2E		
Grand Junction, CO 81506	SW SW		
City State Zip Code	Distance Direction Nearest Town 6 Miles NW of Charleston		
Telephone No. ()			
· Well 1	Data		
	~		
	(rrigation Fish Culture Other:		
Date well drilling started: 7-11-06 Date v	well drilling completed: 7-11-06		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 6 feet above or below (circle one) l	and surface Date measured: 7-12-06		
Method of Measurement (circle one) teel tape electric tape	air line other:		
Hole depth: 115 Well depth: 115	Well grouted to a depth offeet		
Type of grout (circle one): Cement Benton te Mix			
Casing length: 75 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40		
Screen length: 40 feet Screen diameter: 16			
Screen slot size: • 050 inches Setting depth: From _	76 <u>feet to 115</u> feet		
Type of completion (circle all applicable): Gravel packed Under	reamed 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	•		
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.		
Irrigation Equipment Inc. Patrick M. Chism 0695	Patril M Chin		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

JUL 3 1 2006

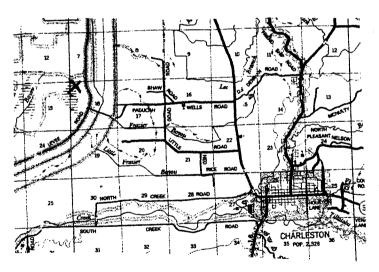
BY: OLWR

Ground Level

Descri	ption of Formations Encountered	From_	То
Clay		0	19
Fine	Sand	20	25
Fine	Sand/gravel	26	35
Med.	Sand/gravel Sand/gravel	36	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:	

Signature of Water Well Contractor

## STATE WELL REPORT

## Tallahatchie County: Permit#:

Irrigation Equipment

Date completed: 7-11-06

Copy information from block on Part 1

## 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:	•		
Wdl #:	F-56		
Elevation: _			

This part of the report must be	e report must be comple attacked and both parts	cted by a licensed water well s filed with the Department i	l contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
	Well Owner Infor	mation	Well Location
Owner Name:			Latitude:Longitude:
Mailing Address	2652 Daha	lia Ct.	Method of Lat/Long (check one): Conventional Survey,
Telephone No. (		ion, CO 81506 te Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Pump Type Circle one			Power Type 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: 7-12-06 2500-3000			Setting Depth: 70 feet
Rated Pump Cap	pacity:	Gallons Per Minute	Number of Stages:1
	Pump Test D		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		Feet Below Land Surface	Other (specify):
Pumping Water Level (B):Feet Below Land Surface		eet Below Land Surface	
Drawdown [(B) - (A)]:Feet Below Land Surface		Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping R	ate:	Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours		urs):hours	feet afterbours of pumping
			^

I HEREBY CERTIFY that the above statements are true to the best of my knowledge 0695 Patrick M. Chism Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form PLANCE PRINTED