

# 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)

County: Tallahatchie  
Permit #: GW 40217  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-6-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-172  
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.

Well Owner Information	Well Location
Owner Name: <u>Delta Agrop Farm Inc. c/o Fischer Farm Services</u>	Latitude: <u>33.5550.5</u> Longitude: <u>90.2647.3</u>
Mailing Address: <u>Box 926</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Aberdeen, MS 39730</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> <sub>1/4</sub> <u>SE</u> <sub>1/4</sub> Sec <u>18</u> <u>19</u> Twn <u>24N</u> Rng <u>2W</u>
Telephone No. <u>(662)-369-9531</u>	Distance <u>6</u> Miles Direction <u>West</u> of Nearest Town <u>Webb</u>

**Well Data**

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

Date well drilling started: 5-6-05 Date well drilling completed: 5-6-05

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

Static Water Level: 35' feet above or Below (circle one) land surface Date measured: 5-7-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 111' Well depth: 111' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 71' feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

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

Screen slot size: .050 inches Setting depth: From 72 feet to 111 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

Patrick M Chism  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

FILED  
MAY 10 2005  
BERNARD

If well telescopes please sketch below and show depths.

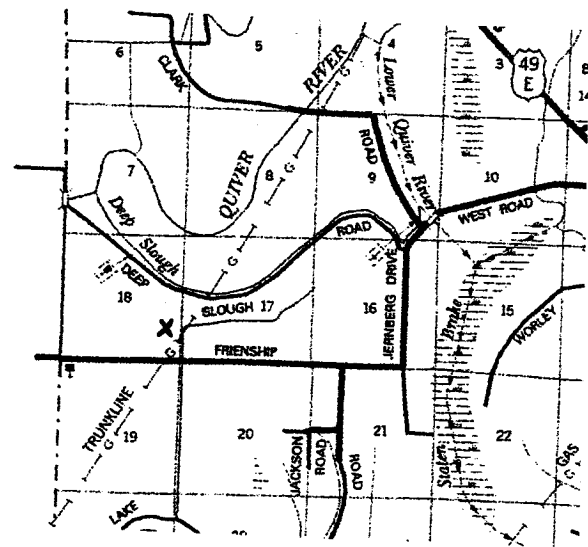
H-172

Ground Level

Description of Formations Encountered	From	To
Clay	0	55
Med. Sand/gravel	56	65
Coarse Sand/gravel	66	75
Rock	76	85
Coarse Sand/gravel	86	111

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. Chen  
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)

County: Tallahatchie  
 Permit #: EW 40217  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-7-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-172  
 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>Delta Agrop Farm</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Fischer Farm</u> <u>Services</u> <u>Box 926</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen, MS 39730</u> City State Zip Code	<u>SE ¼ SE ¼ Sec 18 Twn 24N Rng 2W</u>
Telephone No. ( <u>662-369-9531</u> )	Distance Direction Nearest Town <u>6 Miles West of Webb</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-7-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</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      Patrick M Chism  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

BROWN