County:	Tallahatchie			
	6W 4C813 gation Equipment			
Driller:	ling completed: 1-4-06			

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 #: <u>H-180</u>
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 Margaret Rice	Latitude: 33 . 58 . 31 .3N Longitude: 90 .24 .,11 .4W			
c/o Ely Farms Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,			
Box 249	USGS quad, Hand-held GPS, Survey-grade GPS 1/4 SE 1/4 Sec 4 Twn 24N Rng 2W			
Sumner MS 38957	2 74 74 Set 1WI NII NII NII NII NII NII NII NII NII N			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	2 Miles NW of Sumner			
Well I	Deta			
Weil I	/2(2			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 1-4-06 Date v	well drilling completed: 1-4-06			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:feet above or below (circle one) l	and surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 115 Well depth: 115'	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonits Mix				
Casing length: 75 feet Casing diameter: 12"	inches Type of casing: PVC			
Screen length: 40 feet Screen diameter: 12"	inches Type of screen: PVC			
Screen slot size: . 050 inches Setting depth: From	74 _ feet to113 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	descoped 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	Patril m ch			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

Pump: 2-Stage 10" 30HP Turbine. 40HP Gear Drive. 60' x 8" Column Setting. 1500± GPM

RECEIVED

JAN 27 2006

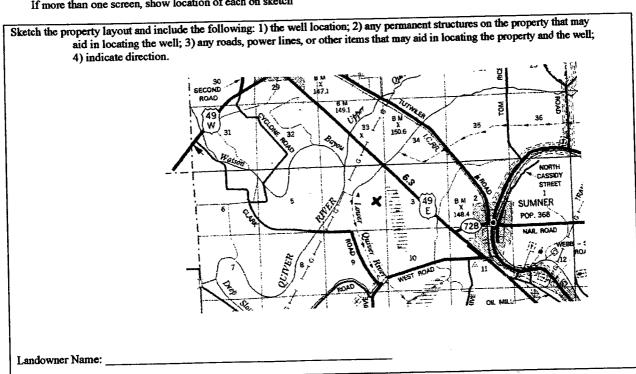
BY: OLWR

Will send Part 2 later

Ground Level

Description of Formations Encountered	From To
Clay	0 21
Fine Sand	22 41
Fine Sand/gravel	42 52
Med. Sand/gravel Fine Sand	114115
Fine Sand	114113
	
	 - -

If more than one screen, show location of each on sketch



Irrigation Equipment Inc 662#887#2599

p. 4

STATE	WEL	L R	EP	ORT
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County: Tallahatchie Remit#609813 Irrigation Equipment Date completed: ______

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
Inc. P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:				
Aquifer:				
1.4				
Well #: H- 190				
, + +				
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: Margaret Rice	Latitude: Longitude:		
Mailing Address: c/o Ely Farms	Method of Lat/Long (circle one): Conventional Survey,		
Box 249			
Sumner MS 38957	USGS quad, Hand-held GPS, Survey-grade GPS NE 14 SE 14 Sec 4 Twn 24 Ngg 2W		
City State Zip Code	<u> </u>		
Telephone No. ()	Distance Direction Nearest Town 2 Miles NW of Sumner		

	Pump Ty Circle or			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 Ratin		
Date Pump Installed:			Setting Depth:	60	feet
Rated Pump Capacity	1500±	Gallons Per Minute	Number of Stages:	2	

Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one		
Static Water Level (A): 34 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute	For flowing well, measured shut in head:feet		
Duration of Pump Test (minimum 4 hours): hours	Well yielded GPM with a drawdown of feet after hours of pumping		

I HEREBY CERTIFY that the	above statements a	re true to the l		
Patrick M. Chi		•	Patril M Chr.	
Print Name of Pump Installer	and License No. (if	applicable)	Signature of Pump Installer	