

# 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 #: 6W41327  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-14-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-184  
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>Highland Plantation</u>		33 58 19.2N	90 23.5 54.6	
Mailing Address: <u>2550 Forest Hill Irene Road</u>		Latitude: _____	Longitude: _____	
<u>Germantown TN 38139</u>		Method of Lat/Long (circle one): <u>19</u> Conventional Survey, <u>54</u>		
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No. ( )		<u>SW</u> <u>1/4 SW 1/4 Sec 3</u> Twn <u>24N</u> Rng <u>2W</u>		
		Distance	Direction	Nearest Town
		<u>2</u> Miles	<u>West</u>	of <u>Sumner</u>

**Well Data**

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

Date well drilling started: 9-14-06 Date well drilling completed: 9-14-06

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 9-15-06

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

Hole depth: 117' Well depth: 117' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentomite Mix

Casing length: 77 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 78 feet to 117 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*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED  
SEP 28 2006  
BY: OLWF



# 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 #: QW 41327  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 9-14-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-184  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Highland Plantation</u> Mailing Address: <u>2550 Forest Hill Irene Road</u> _____ <u>Germantown TN 38139</u> City State Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW ¼ SW ¼ Sec 3 T 24N R 2W</u> Distance Direction Nearest Town <u>2 Miles West of Sumner</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>9-15-06</u> <u>2500-3000</u> Rated Pump Capacity: _____ Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
 Signature of Pump Installer

RECEIVED  
 SEP 28 2006  
 BY: OLWR