

# 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 #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-10-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-185  
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>Farmers National Company</u>	Latitude: <u>33 58 44.5</u> " Longitude: <u>90 25 27.0W</u> "
Mailing Address: <u>622 West Poplar, Suite 5</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>2?</u>
<u>PMB 357</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Collierville TN 38017</u>	<u>NE 1/4 SW 1/4</u> Sec <u>5</u> ✓ Twn <u>24N</u> ✓ Rng <u>2W</u>
City State Zip Code	SW NE
Telephone No. ( ) <u>901-850-1203</u>	Distance Direction Nearest Town <u>3</u> Miles <u>South</u> of <u>Tutwiler</u>

**Well Data**

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

Date well drilling started: 3-10-07 Date well drilling completed: 3-10-07

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

Static Water Level: 36' feet above or below (circle one) land surface Date measured: 3-10-07

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

Hole depth: 123 Well depth: 123 119 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 79 feet Casing diameter: 12 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 79 80 feet to 119 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  
MAR 30 2007  
BY: OLWR



# 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-10-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-185  
 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>Farmers National Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>622 West Poplar, Suite 5</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>PMB 357</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
<u>Collierville TN 38017</u>	<u>_____ ¼ _____ ¼ Sec 5 Twn 24N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
<u>901-850-1203</u>	<u>3 Miles South of Tutwiler</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-10-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400±</u> Gallons Per Minute	Number of Stages: <u>2</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

RECEIVED

MAR 30 2007

BY: OLWR