

GW44236

County: Tallahatchie
 Permit #: 0368
 Driller: Joel Thompson
 Date drilling completed: 3/20/05

State Well Report

Part 1 - Driller's Log

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: A 196
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Sternes Farm + Livestock</u>	Latitude: <u>33° 56' 28"</u> Longitude: <u>90° 21' 59"</u>
Mailing Address: <u>40665 County RR</u> <u>Woodland, CA 95776-9105</u>	Method of Lat/Long (circle one): <u>5b</u> Conventional Survey, <u>22 06</u>
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. (____) _____	<u>SE 1/4 NE 1/4</u> Sec. <u>14</u> Twn <u>24N</u> Rng <u>2W</u>
	Distance <u>5</u> Miles Direction <u>West</u> of Nearest Town <u>Webb, MS</u>

Well / Borehole Data

Date drilling started: 3/20 Date drilling completed: 3/20 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: canal ditch east of well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block.

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 3/23

Method of Measurement (circle one): level tape electric tape air line other: _____

Well depth: 125 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .0050 inches Setting depth: From 0 feet to 125 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 next page*

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 #: _____
 Driller: Joel Jumper
 Date completed: 3/23
Copy information from block on Part 1

For Office Use Only:

Aquifer: H 196
 Well #: _____
 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>Stearns Farm + Livestock</u> Mailing Address: _____ _____ 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>SE 1/4 NE 1/4 Sec 14 T 24N R 2W</u> Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3/23</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<u>Miscel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/23</u> Static Water Level (A): <u>27</u> Foot Below Land Surface Pumping Water Level (B): <u>50</u> Foot Below Land Surface Drawdown [(B) - (A)]: <u>23</u> Foot Below Land Surface Test Pumping Rate: <u>2500</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>2500</u> GPM with a drawdown of <u>23</u> feet after <u>4</u> hours of pumping

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

Joel Jumper _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer