

County: Tallahatchie
 Permit #: QW43147
 Irrigation Equipment
 Driller:
 Date drilling completed: 4/18/09

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 #: K-110
 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>Carolyn Murphey</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>Box 100</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tippo</u> <u>Ms.</u> <u>38962</u>	<u>SW 1/4 SW 1/4 Sec 21 Twn 24N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Tippo</u>
Telephone No. ()	

Well Data

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

Date well drilling started: 4/18/09 Date well drilling completed: 4/18/09

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4/21/09

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

Hole depth: 112 Well depth: 112 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 112 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.
 John P. Chism 0439

John P. Chism
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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If well telescopes please sketch below and show depths.

K-110

Ground Level

OW43147

Description of Formations Encountered	From	To
Clay	0	44
Fine Sand + Gravel	45	66
Medium Sand + Gravel	67	73
Fine Sand	74	79
Medium Sand + Gravel	80	110
Clay	111	112

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: Carolyn Murphy

John P. Chism
Signature of Water Well Contractor

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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 #: 6W43147
Irrigation Equipment
Driller: _____
Date completed: 4/18/09

For Office Use Only:

Aquifer: _____
Well #: K-110
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>Carolyn Murphey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 100</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Tippo</u> <u>Ms.</u> <u>38962</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 21 Twn 24N Rng 1E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NW</u> of <u>Tippo</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>4/21/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</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.

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P. Chism
Signature of Pump Installer

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