

State Well Report

Part I

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 #: N-81
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Femil #: OW 42227
Irrigation Equipment
Driller: _____
Date drilling completed: 10-12-07

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>Robert Bishop</u>	Latitude: <u>33.49.07.7</u> Longitude: <u>90.25.52.5</u>
Mailing Address: <u>Box 355</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sumner</u> <u>Ms.</u> <u>38957</u>	<u>NW 1/4 SW 1/4</u> Sec <u>32</u> Twn <u>23N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town <u>8</u> Miles <u>West</u> of <u>Glendora</u>
Telephone No. ()	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____
Date well drilling started: 10-12-07 Date well drilling completed: 10-12-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 45 feet above or below (circle one) land surface Date measured: 10-13-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 76 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 73 feet to 113 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

OCT 29 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)

For Office Use Only:

Agitator: _____

Well #: N-81

Elevation: _____

County: Tallahatchie
 Permit #: 6W42227
 Irrigation Equipment
 Driller: _____
 Date completed: 10-12-07

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>Robert Bishop</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 355</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Summer</u> <u>Ms.</u> <u>38957</u> City State Zip Code	<u>NW 1/4 SW 1/4 Sec 32 Twa 23N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>8 Miles West of Glendon</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>10-13-07</u>	
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
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	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

OCT 29 2007

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

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