

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-82
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 6W42226
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' 29.0"</u> Longitude: <u>90° 25' 05.5"</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> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 32 Twn 23N Rng 2W</u>
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>West</u> of Nearest Town <u>Glendora</u>

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 77 feet to 116 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

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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)854-6938 (fax)

County: Tallahatchie
Permit #: OW42226
Irrigation Equipment
Driller: _____
Date completed: 10-12-07

For Office Use Only:

Agency: _____
Well #: N-82
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>Robert Bishop</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 355</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sumner</u> <u>Ms.</u> <u>38957</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec. 32 Twp 23N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8 Miles West of Glendora</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	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ 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 OCT 29 2007
 Print Name of Pump Installer and License No. (if applicable) BY: OLWE
 Signature of Pump Installer

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