

244 / (2)

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: N 102
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: TALLAHATCHIE
Permit #: GW-45001
Driller: J. NEWCOME 0.773
Date drilling completed: 4-9-2011

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Lost Forty Plantation</u></p> <p>Mailing Address: <u>Mike Ellis</u> <u>512 Robmson Drive</u> <u>Cleveland, MS 38732</u></p> <p>City State Zip Code</p> <p>Telephone No. () _____</p>		<p>Well Location</p> <p>Latitude: <u>33.50.53"</u> Longitude: <u>90.24.11"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/></p> <p><u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>21</u> Twn <u>23N</u> Rng <u>02W</u></p> <p>SE Distance <u>1</u> Miles Direction <u>NE</u> of Nearest Town <u>DREW</u></p>
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Well Data

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

Date well drilling started: 4-9-2011 Date well drilling completed: 4-9-2011

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 112 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 50-80 feet to 100-110 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.

JOHN NEWCOME 0.773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

Pump installed by Circle S / Clarksdale
Mail copy to them to complete

RECEIVED
JUL 22 2011
BY: OLIVER

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:	
Aquifer: _____	
Well #: <u>N102</u>	
Elevation: _____	

County: <u>TALLAHATCHIE</u>
Permit #: <u>GW-45001</u>
Driller: <u>CHICOT IRRIGATION</u>
Date completed: <u>4-9-11</u>
<i>Copy information from block on Part 1</i>

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>Lost Forty Plantation</u>	Latitude: <u>33°50'57.5"</u> Longitude: <u>90°24'32.5"</u>
Mailing Address: <u>512 Robinson Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> T <u>23N</u> R <u>2W</u>
Telephone No. <u>(662) 843-4094</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>NE</u> of <u>DRFW</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<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>80</u>
Date Pump Installed: <u>6-30-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUL 22 2011
 BY: DAVID
 Mike
 11.045
 Lost 40