County:	Tallahatchie
Permit #:	GW-46293 /
Driller:	Irrigation Equipment
Date drilli	ing completed: 07/26/2012

State Well Report Part 1 – Driller's Log 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)

Aquifer: Well #:	For Of	ffice Use Only	y:
Well #: L.S. Eleva E-log #:	ation:		

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 Edward Connell Jr.	Latitude: <u>33</u> ° <u>49</u> ' <u>58</u> " Longitude: <u>90</u> ° <u>21</u> ' <u>27</u> "
Mailing Address: P.O. Box 1388	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, 🛛 Hand-held GPS, 🗌 Survey-grade GPS
Clarksdale Ms 46293	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 25 $\sqrt{1}$ Twn 23N Rng 2W/
City State Zip code	
Telephone No	<u>3 Miles</u> <u>West</u> of <u>Glendora</u>
Well	I / Borehole Data
Date drilling started: 07/26/2012 Date drilling completed:	07/26/2012 Hole depth: 115 Hole diameter: 24"
Location of the source of any surface water used for drilling: Sur	face Water
Method of dosing and volume of Chlorine used in drilling and deve	clopment: 50 PPM
	amma Ray Density Sonic Neutron Other:
Purpose of borehole (check one): X Water Well Geotech	nnical/Geological Investigation 🔲 Ground Source Heat Pump
Seismic Survey Ot	ther (<i>describe</i>)
· · · · · · · · · · · · · · · · ·	ell construction, skip the remainder of this block
Purpose of Well (check one) 🔲 Home 🔲 Industrial 🔲 Publi	ic Supply 🛛 Irrigation 🔲 Fish Culture 📋 Other:
If flowing, method of flow regulation: Valve Othe	er (describe)
Static Water Level: feet above or below (check one)	land surface Date measured:
Method of Measurement (check one) 🛄 steel tape 🔲 electric ta	pe 🗋 air line 🔲 other:
Well depth: <u>115</u> Well grouted to a depth of <u>10</u> fee	
Casing length: <u>75</u> feet Casing diameter: <u>16</u>	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: <u>.050</u> inches Setting depth: F	from <u>76</u> feet to <u>115</u> feet
Type of completion (check all applicable): X Gravel packed	Underreamed Telescoped Open hole Natural Development
Other (describe):	Circle S Irrigation will set pump
Top of lap pipe or reduction in casing: fe	et. If telescoped or more than one screen, describe on next page
	Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

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Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	15
Fine Sand	16	25
Medium Sand	26	55
Course Sand	56	65
Course Sand & Gravel	66	115
	I	

If more than one screen, show location of each on sketch

Sketch the property aid in	layout and include the follow n locating the well; 3) any roa	ing: 1) the well location ads, power lines, or oth	on; 2) any permanent structures of er items that may aid in locating	n the property that may the property and the well;
4) a 1	north arrow.			
Landowner Name:	Edward Connell In			
Landowner Manie.	Edward Connell Jr.			
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0			~	Form: OLWR-SWR-1A (04/08)
certify that the well/b	orehole was drilled, constructe	d, and completed in acc	ordance with all applicable requir	ements of the
Mississippi Departmen	t of Environmental Quality and	d the Mississippi Depart	ment of Health regulations, if app	licable, and state
aws. Patrick Chism	0695	07/20/2012	L'AL	
rint Name of Responsible Lie		07/30/2012 Date	Signature of Licensee	
		~~~~	Signature of Licensee	FEGEIVEL

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BY: OLWR

County: JALLAHATCHEE		'art 2	For Office Use Only:	
	Pump Installer's	Completion Report	Aquifer:	
Permit #: Q.J. 46293		t of Environmental Quality	Well #: N108	
Driller: Incigation Equipment Office of Land a P.O. H		and Water Resources	Elevation:	
		Box 2309 , MS 39225		
Copy information from block on Par	(601)	961-5210 1-5228 (fax)		
Teport must be attached and         Well Owner         Owner Name:	poth parts filed with the Department parts filed with the Department parts filed with the Department Connell Jr State Zip code p Type	nt at the above address within 3 V Latitude: <u>33° 49, 5%</u> Method of Lat/Long (check on USGS quad, H <u>5E</u> ¼ <u>NN</u> ¼ Sec Distance Directio <u>3</u> Miles <u>W</u>	Well LocationLongitude: $90021.27i$ ue): $\Box$ Conventional Survey,tand-held GPS, $\Box$ Survey-grade GPS25T $23M$ R $2M$ Nearest Town	
	ck one		Check one	
🗌 Air Lift 🛛 🗍 Jet	Submersible	Diesel Engine G	asoline Engine 🗌 Natural Gas	
Bucket Diston	Turbine	Electric Motor		
Centrifugal Rotary	Flowing Well		ther (specify):	
Other (specify):			40	
Date Pump Installed:9-1		Setting Depth:	70 feet	
	<b>O</b> Gallons Per Minute	Number of Stages:	2	
Pump 1	'est Data		leasuring Water Level	
			Check one	
Date Well Tested:		Air Line Electri	ic Measuring Line 🗌 Steel Tape	
Static Water Level (A):	Feet Below Land Surface	Other (specify):		
Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) - (A)]:	Feet Below Land Surface	For flowing well, measured shut	t in head:feet	
Test Pumping Rate:			GPM with a drawdown	
	hours): hours		hours of pumpi	
• • •	·			
This is for (check one):	New Well Replacem	nent of Existing Pump	Repair of Existing Pump	
HEREBY CERTIFY that the abov <u>DAUED</u> <u>P. HOLT</u> Print Name of Pump Installer and		y knowledge. Signature of Pump Insta	PHM	

