

**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)

For Office Use Only:

Aquifer: N 108
Well #: _____
L.S. Elevation: _____
E-log #: _____

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

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: <u>Edward Connell Jr.</u>	Latitude: <u>33 ° 49 ' 58 "</u> Longitude: <u>90 ° 21 ' 27 "</u>
Mailing Address: <u>P.O. Box 1388</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Clarksdale</u> <u>Ms</u> <u>46293</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE</u> <u>NW</u> <u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>23N</u> Rng <u>2W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>3</u> Miles <u>West</u> of <u>Glendora</u>

Well / 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: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump

Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

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

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 76 feet to 115 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): Circle S Irrigation will set pump

Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A (04/08)

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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 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer:
Well #: N108
Elevation:

County: TALLAHATCHEE
Permit #: GW-46293
Driller: Irrigation Equipment
Date drilling completed: 7-26-12
Copy information from block on Part 1

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: Edward Connell Jr, P.O. Box 1388, CLARKSDALE MS 38614, Telephone No. (662) 627-9641
Well Location: Latitude: 33° 49.58", Longitude: 90° 21.27", Method of Lat/Long: Conventional Survey, SE 1/4 NW 1/4 Sec 25 T 23N R 2W, Distance 3 Miles Direction W of GLENORA

Pump Type: Turbine
Power Type: Diesel Engine
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 2
Rated Pump Capacity: 2200 Gallons Per Minute
Date Pump Installed: 9-19-12

Pump Test Data:
Method of Measuring Water Level:
Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Air Line, Electric Measuring Line, Steel Tape

This is for (check one): [X] New Well [] Replacement of Existing Pump [] Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P
Signature of Pump Installer

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Form: OLWR-SWR-1C (07/09)
OCT 19 2012