

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 #: Q-127
L.S. Elevation:
E-log #:

County: Tallahatchie
Permit #: GW42281
Irrigation Equipment
Driller:
Date drilling completed: 11-17-07

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: Owner Name Robert Bishop, Mailing Address Box 355, Sumner Ms. 38957. Well Location: Latitude 33.49.40.1, Longitude 90.14.33.2, Method of Location 40, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 SE 1/4 Sec 25 Twn 23N Rng 1W, Distance 3 Miles, Direction E of Glendora.

Well Data: Purpose of Well (circle one) Irrigation, Date well drilling started: 11-17-07, Date well drilling completed: 11-17-07, Static Water Level: 19 feet above of (below) land surface, Date measured: 11-19-07, Method of Measurement (circle one) steel tape, Hole depth: 123, Well depth: 123, Well grouted to a depth of 10 feet, Type of grout (circle one) Bentonite, Casing length: 83.62 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 63.62 feet to 102 feet, Type of completion (circle all applicable) Gravel packed, Underscreened, Telescoped, Open hole, Natural Development.

Name of organization running log(s): Irrigation Equipment Inc. Patrick M. Chism 0695. I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Signature of Water Well Contractor: [Signature]

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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:

Applicator: _____
 Well #: Q-127
 Elevation: _____

County: Tallahatchie
 Purpose: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 11-17-07

This report should be prepared by the pump installer in detail and filed with the Department within 36 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="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sumner</u> <u>Ms.</u> <u>38957</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec 25 Twa 23N Rng 1W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>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): _____
Date Pump Installed: <u>11-19-07</u>	Horse Power Rating of Motor: <u>40</u>
Rated Pump Capacity: <u>1400±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: <u>2</u>

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
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____
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.

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

NOV 26 2007
 BY: OLWR
 Signature of Pump Installer: [Signature]