

County: Tallahatchie  
 Permit #: GW-45079 ✓  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 5-11-11

**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: P70  
 Well #: P70  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Jennings Farm</u>  | Latitude: <u>33.52039</u> Longitude: <u>90.09472</u>  |
| Mailing Address: <u>P.O. Box 116</u>  | Method of Lat/Long (circle one): Conventional Survey, _____<br>USGS quad, Hand-held GPS, Survey-grade GPS _____ ✓ |
| <u>Tippo</u> <u>Ms.</u> <u>38962</u>  | <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>11</u> Twn <u>23N</u> Rng <u>1E</u>  |
| City State Zip Code   | Distance Direction Nearest Town   |
| Telephone No. ( ) _____   | <u>2</u> Miles <u>SE</u> of <u>Tippo</u>  |

**Well / Borehole Data**

Date drilling started: 5-11-11 Date drilling completed: 5-11-11 Hole depth: 105 Hole diameter: 18"

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 (circle 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 a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 16 feet above on below (circle one) land surface Date measured: 5-12-11

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 66 feet to 105 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 next page*

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

RECEIVED  
 MAY 23 2011  
 BY: OLWR

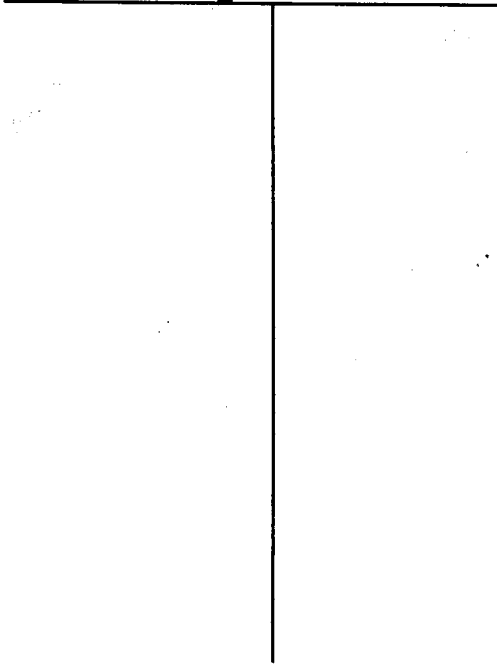
The sketch below only required for water wells

070

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level →



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay                                  | Ground Level | 19         |
| Fine Sand                             | 20           | 27         |
| Fine Sand + Gravel                    | 28           | 63         |
| Medium Sand + Gravel                  | 64           | 98         |
| Clay                                  | 99           | 105        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Jennings Farm

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695 \_\_\_\_\_

Print Name of Responsible Licensee and License No.      Date

Signature of Licensee

RECEIVED  
MAY 23 2011  
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)

County: Tallahatchie  
 Permit #: GW-45079  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5-11-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P70  
 Elevation: \_\_\_\_\_

*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>Jennings Farm</u>     | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>P.O. Box 116</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Tippo</u> <u>Ms.</u> <u>38962</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                  | <u>SW</u> ¼ <u>SE</u> ¼ Sec <u>11</u> T <u>23N</u> R <u>1E</u>                              |
| Telephone No. ( ) _____              | SE SW Direction Distance <u>3</u> Miles <u>SE</u> of <u>Tippo</u>                           |

| Pump Type<br>Circle one                                | Power Type<br>Circle one                                  |
|--|---|
| Air Lift <input type="checkbox"/>                      | Diesel Engine <input type="checkbox"/>                    |
| Jet <input type="checkbox"/>                           | Gasoline Engine <input type="checkbox"/>                  |
| <b>Submersible</b> <input checked="" type="checkbox"/> | Natural Gas <input type="checkbox"/>                      |
| Bucket <input type="checkbox"/>                        | <b>Electric Motor</b> <input checked="" type="checkbox"/> |
| Piston <input type="checkbox"/>                        | Hand <input type="checkbox"/>                             |
| Turbine <input type="checkbox"/>                       | Tractor PTO <input type="checkbox"/>                      |
| Centrifugal <input type="checkbox"/>                   | Windmill <input type="checkbox"/>                         |
| Rotary <input type="checkbox"/>                        | Other (specify): _____                                    |
| Flowing Well <input type="checkbox"/>                  | Horse Power Rating of Motor: <u>25</u>                    |
| Other (specify): _____                                 | Setting Depth: <u>60</u> feet                             |
| Date Pump Installed: <u>5-12-11</u>                    | Number of Stages: <u>1</u>                                |
| Rated Pump Capacity: <u>1100±</u> Gallons Per Minute   |   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line <input type="checkbox"/>   |
| Static Water Level (A): _____ Feet Below Land Surface  | Electric Measuring Line <input type="checkbox"/>                                  |
| Pumping Water Level (B): _____ Feet Below Land Surface | Steel Tape <input type="checkbox"/>   |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | Other (specify): _____  |
| Test Pumping Rate: _____ Gallons Per Minute            | For flowing well, measured shut in head: _____ feet                               |
| Duration of Pump Test (minimum 4 hours): _____ hours   | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

This is for (circle one):     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.

Patrick M. Chism    0695   

Print Name of Pump Installer and License No. (if applicable)    Signature of Pump Installer

Form: OLWR-SWR-1C (8/10)

RECEIVED  
 MAY 23 2011  
 BY: OLWR