

State Well Report

Part I - 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: P 76
Well #:
L.S. Elevation:
E-log #:

County: Tallahatchie
Permit #: GW-46453
Driller: Irrigation Equipment
Date drilling completed: 09/07/2012

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) and Well or Borehole Location. Includes fields for Owner Name (Hardy Farms), Mailing Address (P.O. Box 96), Telephone No., Latitude (33° 51' 11"), Longitude (90° 13' 10"), Method of Lat/Long (Hand-held GPS), City (Tippo, Ms, 38962), Distance (4 Miles), Direction (Northeast), and Nearest Town (Glendora).

Well / Borehole Data. Includes fields for Date drilling started/completed (09/07/2012), Hole depth (122), Hole diameter (24"), Location of source (Surface Water), Method of dosing (50 PPM), Logs run (No log run checked), Purpose of borehole (Water Well checked), and a note: 'If drilling is not related to water well construction, skip the remainder of this block'.

Purpose of Well (Irrigation checked), If flowing, method of flow regulation, Static Water Level (18 feet above or below), Method of Measurement (steel tape checked), Well depth (122), Well grouted to a depth of (10) feet, Type of grout (Bentonite checked), Casing length (82) 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 (83 to 122) feet, Type of completion (Gravel packed checked), and Top of lap pipe or reduction in casing.

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

SEP 2



976

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

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For Office Use Only:

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

County: Tallahatchie  
Permit #: GW-46453  
Driller: Irrigation Equipment  
Date drilling completed: 09/07/2012  
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	Well Location
Owner Name: <u>Hardy Farms</u>	Latitude: <u>33 51' 11.9 N</u> Longitude: <u>90 13' 10.8 W</u>
Mailing Address: <u>P.O. Box 96</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Tippo</u> <u>Ms</u> <u>38962</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>17</u> T <u>23N</u> R <u>1E</u>
Telephone No. ( ) -	Distance Direction Nearest Town
	<u>4</u> Miles <u>Northeast</u> of <u>Glendora</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>09/10/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>550+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check 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 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	

This is for (check 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 Chism 0695  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer