County: _	Tallahatchie	
Permit #: Irri(Driller:	gation Equipment	
Date drill	ing completed: 8-15-05	

State Well Report

Part 1
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 #: 0-31	
L. S. Elevation:	-
E-log #:	_

State Law requires that this report be prepared by the driller in detail and filed with the Department within

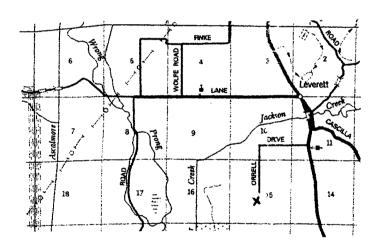
30 days of completion of drilling of the well.	•	
Well Owner Information	Well Location	
Owner Name Chad Gray	Latitude: 33 ° 51 '36 " Longitude: 90 ° 04 ' 30 "	
Mailing Address: 687 Sparta Road	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
	NE _{1/4} SW _{1/4} Sec 15 Twn 23N Rng 2E	
Holcomb MS 38940		
City State Zip Code	Distance Direction Nearest Town 10 Miles South of Charleston	
662-227-2705 Telephone No. ()	TO MINIOS DOMENTOS CONTRACTOS CON	
Well I	Data W. 1 31 . C.	
Purpose of Well (circle one) Home Industrial Public Supply	Wildlife (Irrigation Fish Culture Other Management	
Date well drilling started: 8-15-05 Date v	well drilling completed: 8-15-05	
If flowing, method of flow regulation: Valve Other (d	lescribe)	
Static Water Level:feet above or relow (circle one) I	and surface Date measured: 8-16-05	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 66' Well depth: 66'	Well grouted to a depth offeet	
Type of grout (circle one): Cement Gentonite Mix		
Casing length: 26' feet Casing diameter: 16"		
Screen length: 40 feet Screen diameter: 16"	inches Type of screen: PVC Sch. 40	
Screen slot size: . 032 inches Setting depth: From _	•	
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 te	descoped or more than one screen, describe on back of page	
Logs run (circle all applicable): To log run Electric Gamma Ray	Density Sonic Neutron Other:	
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in		
Department of Environmental Quality and/or the Mississippi De	partment of Health regulations and state laws.	
Irrigation Equipment Inc. Patrick M. Chism 0695	- Patrick M Chri	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level

Description of Formations Encountered	From	To
clay	0	19
Fine Sand	20	25
Med. Sand/gravel	26	50
Clay	51	66
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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) indicate direction.



Landowner Name:	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: __Tallahatchie

Permit #: __
Irrigation Equipment
Driller: ___
Date completed: __8-16-05

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
Well #: Q3		
Elevation:		

Date completed:	8-16-05)961-5210 54-6938 (fax) Elevation:	
This report		the pump installer in de	ail and filed with the Department within 30 days	of the
	Well Owner Inform	nation	Well Location	
Owner Name:	Chad Gray		Latitude: Longitude:	
Mailing Address:	687 Spart	a Road	Method of Lat/Long (circle one): Conventional S	Survey,
			USGS quad, Hand-held GPS, Survey	y-grade GPS
	Holcomb City State	MS 38940 e Zip Code	NE 14 SW 14 Sec 15 Twn 23N	Rng_2E
	-	-	Distance Direction Nearest Town	ı
662-227-2705 Telephone No. ()		10 Miles South of Charles	ton	
	Pump Type Circle one		Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):	
Other (specify): _			Horse Power Rating of Motor: 15	
Date Pump Install	led: 8-16	5-05	Setting Depth: 60 fe	æt
Rated Pump Capa	city: 750	Gallons Per Minute	Number of Stages:1	
	Pump Test Da	ta	Method of Measuring Water Le	vel
Date Well Tested	:			S41 T
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuring Line Other (specify):	Steel Tape	
Pumping Water L	evel (B):Fe	et Below Land Surface	V-2	
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shut in head:	feet	
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a draw	wdown of	
Duration of Pump Test (minimum 4 hours):hours		feet after hour	s of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Patrick M. Chism 0695	Patrick M Chini		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		