County:	Tallahatchie				
Permit# 6 W 40587 Irrigation Equipment					
	ing completed: 8 – 24 – 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 - 22		
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

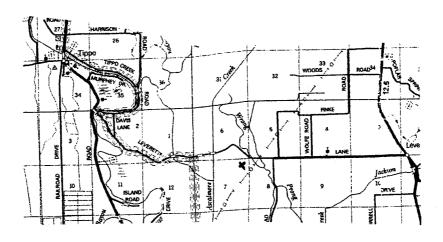
30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name Frank Hopper	Latitude:, 52 , 74N, Longitude:, 06W,				
Mailing Address: Box 816	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
West Point, MS 39773	NE 1/4 NE 1/4 Sec 7 Twn 23N Rng 2E				
City State Zip Code	Distance Direction Nearest Town				
Telephone No. (66)2-494-5955	5 Miles SE of Tippo				
Well 1					
Weil I	Jata				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:				
Date well drilling started: 8-24-05 Date v	vell drilling completed: 8-24-05				
If flowing, method of flow regulation: Valve Other (d	escribe)				
Static Water Level: 11' feet above or below (circle one) I	and surface Date measured: 8-25-05				
Method of Measurement (circle one) steel take electric tape	air line other:				
Hole depth: 106 Well depth: 106	Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 66' feet Casing diameter: 16	inches Type of casing: PVC Sch. 40				
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40				
Screen slot size:	67feet to106feet				
Type of completion (circle all applicable): Gravel packed Under	reamed 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 back of page					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Norman formation in the contract of the contra					
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi					
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M Chin				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

Ground Level

Description of Formations Encountered	From	То
Clav	0	13
Fine Sand Med. Sand/gravel	14	26
Med. Sand/gravel	27	03
(7)	104	106
Clay		
	+	1 1
		
		
		11
		+
	 	1
		+
		
		_
		1
		<u> </u>

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

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 #: Q33		
Elevation:		

Date completed: 8-25-05	,)961-5210 54-6938 (fax) Elevation:		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Well Owner Information		Well Location		
Owner Name: Frank Hopper		Latitude:Longitude:		
Mailing Address: Box 816		Method of Lat/Long (circle one): Conventional Survey,		
West Point, MS 39773 City State Zip Code 662-494-5955 Telephone No. ()		USGS quad, Hand-held GPS, Survey-grade GPS NE		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Biesel Engine Gasoline Engine Natural Gas		
Bucket Piston	urbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):		Horse Power Rating of Motor: 60		
Date Pump Installed: 8-25-05		Setting Depth:feet		
Rated Pump Capacity: 2500-3000	Gallons Per Minute	Number of Stages: 1		
Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape Other (specify):		
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 drawdown of		
Duration of Pump Test (minimum 4 hours	s):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Patrick M. Chism 0695				

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