

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-30-09

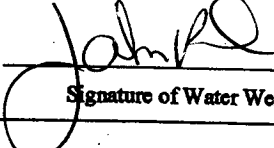
# State Well Report

## 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 #: 5179  
 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 <u>Frank &amp; Doyle DeLoach</u> Mailing Address: <u>3244 County Rd 100</u>  <u>Carrollton</u> <u>Ms.</u> <u>38917</u> City State Zip Code Telephone No. <u>662 237-4337</u>	Latitude: <u>33° 45' 09"</u> Longitude: <u>90° 11' 47"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 21 Twn 22N Rng 1E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>Phillipp</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-30-09</u> Date well drilling completed: <u>6-30-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>16</u> feet above or below (circle one) land surface Date measured: <u>6-30-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>117</u> Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>61</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
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. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	 Signature of Water Well Contractor

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5179

If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	49
Fine Sand + Gravel	50	55
Medium Sand + Gravel	56	99
Clay	100	117

Blanked  
17' bottom

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: Frank + Doyle Deloach

  
Signature of Water Well Contractor

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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)

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date completed: 6-30-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5179  
 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: <u>Frank + Doyle Deloach</u>	Latitude: <u>33° 45' 09"</u> Longitude: <u>90° 11' 47"</u>
Mailing Address: <u>3244 County Rd. 100</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Carrollton Ms. 38917</u> City State Zip Code	<u>SW ¼ SE ¼ Sec 21 Twn 22N Rng 1E</u>
Telephone No. <u>(662) 237-4337</u>	Distance Direction Nearest Town _____ Miles _____ of <u>Phillipp</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-30-09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line 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	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
 Signature of Pump Installer

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JUL 16 2009

BY: OLWR