

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)

County: Washington
Permit #: EW42426
Irrigation Equipment
Driller: _____
Date drilling completed: 4-23-08

For Office Use Only:
Aquifer: _____
Well #: A-206
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>W. E. Hammett Trust</u>	Latitude: <u>33° 29' 75.9"</u> Longitude: <u>90° 59' 62.1"</u>
Mailing Address: <u>40 Bob Morgan</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>904 Medallion Drive</u>	<u>SW 1/4 NE 1/4 Sec 14 Twn 19N Rng 8W</u>
<u>Greenwood Ms. 38930</u>	Distance Direction Nearest Town <u>2 Miles N of Metcalfe</u>
City State Zip Code	
Telephone No. <u>(662) 453-2894</u>	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-23-08 Date well drilling completed: 4-23-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 19 feet above or below (circle one) land surface Date measured: 4-29-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 67 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: From 68 feet to 107 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 back of page
Logs run (circle all applicable): No 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 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
MAY 02 2008
BY: OLWR

GW42426

A. 206

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Fine Sand	38	47
Medium Sand	48	62
Course Sand + Gravel	63	107

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: Bob Morgan/W.E. Hammett Trust

[Handwritten Signature]

Signature of Water Well Contractor

RECEIVED

MAY 02 2008

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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Washington
Permit #: OW 42426
Irrigation Equipment
Driller: _____
Date completed: 4-23-08

For Office Use Only:

Aquifer: _____
Well #: A-206
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.

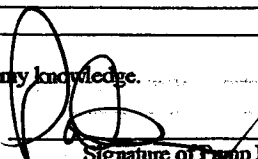
Well Owner Information	Well Location
Owner Name: <u>W.E. Hammett Trust</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Bob Morgan</u> <u>904 Medallion Drive</u> <u>Greenwood Ms. 38930</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 14 Twn 19N Rng 8W</u>
Telephone No. <u>(662) 453-2894</u>	Distance Direction Nearest Town <u>2 Miles N of Metcalfe</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>4-29-08</u>	Setting Depth: <u>70</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.

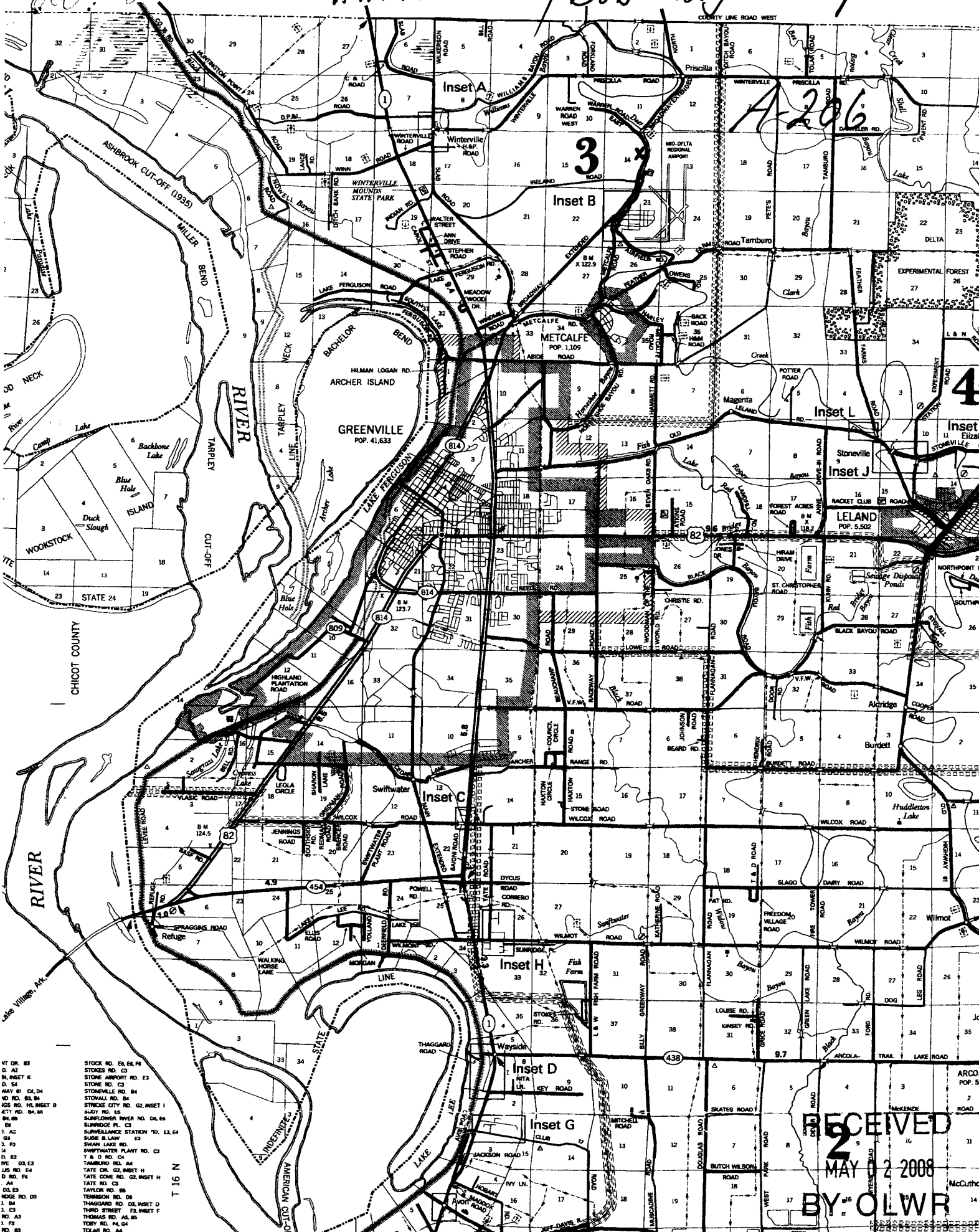
Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

RECEIVED

MAY 02 2008
BY: OLWR

Hammett Trust / Bob Morgan Map



- VT DR. 83
- M. ASSET K
- D. 54
- MAY 81 CA, D4
- NO RD. 83, 84
- KCS RD. H1, INSET B
- CTY RD. 84, 86
- 84, 86
- 7. AC
- 65
- 2. F3
- WE. 03, E3
- US RD. E4
- D RD. F4
- A4
- D3, E3
- SLUDGE RD. 03
- 3. M
- RD. A3
- 7. F2
- RD. 83
- US RD. 84
- STOCK RD. E6, E4, F4
- STORES RD. C3
- STONE AIRPORT RD. E3
- STONE RD. C3
- STONEVILLE RD. 84
- STONKILL RD. 84
- STRICKS CITY RD. G2, INSET I
- STUDY RD. 16
- SUNFLOWER RIVER RD. D4, E6
- SUNSHINE FL. C3
- SURVEILLANCE STATION RD. E4, E4
- SUSE B. LAW
- SHAW LAKE RD. E3
- SWIFTWATER PLANT RD. C3
- T & D RD. C4
- TAMBURO RD. A4
- TATE CR. G2, INSET H
- TATE COVE RD. G2, INSET H
- TATE RD. C3
- TAYLOR RD. 86
- TENNISON RD. D6
- THAGGARD RD. G2, INSET D
- THIRD STREET F2, INSET F
- THOMAS RD. A6, B6
- TOBY RD. F4, G4
- TOLAR RD. A4
- TOOTE BRATTON RD. D3

T 16 N

RECEIVED
 MAY 12 2008
 BY OLWR

McCutch