

State Well Report

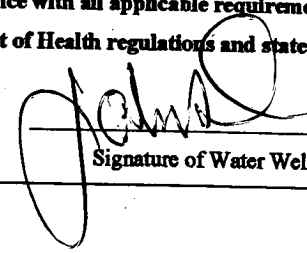
Part 1

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 #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 6-20-09

For Office Use Only:
Aquifer: _____
Well #: A 217
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> Mailing Address: <u>904 Medallion Dr.</u> <u>Greenwood Ms. 38930</u> City State Zip Code Telephone No. <u>662-734-4667</u> <u>Bob Morgan - Regins Bank</u>	Latitude: <u>33° 30' 25"</u> Longitude: <u>91° 00' 29"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 10 Twn 19N Rng 8W</u> Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Metcalfe</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-20-09</u> Date well drilling completed: <u>6-20-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or <u>below</u> (circle one) land surface Date measured: _____	
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>78</u> feet to <u>117</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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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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 6-20-09

For Office Use Only:

Aquifer: _____
 Well #: A217
 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.

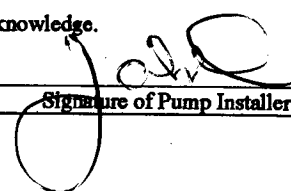
Well Owner Information	Well Location
Owner Name: <u>W. E. Hammitt Trust</u> Mailing Address: <u>904 Medallion Dr</u> <u>Greenwood Ms. 38930</u> <small>City State Zip Code</small>	Latitude: <u>33° 30' 25"</u> Longitude: <u>91° 00' 29"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 10 Twn 19N Rng 8W</u> Distance Direction Nearest Town <u>3 Miles N of Metcalfe</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>6-22-09</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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)


 Signature of Pump Installer

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