

State Well Report

Part I

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 #: C 92
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: 000 39993
Irrigation Equipment
Driller: _____
Date drilling completed: 2-21-05

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>Triple C Farms</u>		Latitude: <u>33 30 54N</u>	<u>90 47 42W</u>
Mailing Address: _____ <u>640 D.O. Baker Road</u> <u>Leland, MS 38756</u> City _____ State _____ Zip Code _____		Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> SW <u>SW</u> <u>1/4</u> Sec <u>2</u> Twn <u>19N</u> Rng <u>6W</u>	
Telephone No. (<u>662-686-5681</u>)	Contact: <u>Chris Zepponi</u>	Distance <u>10</u> Miles	Direction <u>NE</u> of Nearest Town <u>Leland</u>
Well Data -			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Landformed Field. Fish Culture		Replaced well in wrong location. Other: _____	
Date well drilling started: <u>2-21-05</u>		Date well drilling completed: <u>2-21-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>30ft.</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>2-22-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____			
Hole depth: <u>116'</u>		Well depth: <u>116'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>76</u> feet		Casing diameter: <u>16</u> inches	
Screen length: <u>40</u> feet		Screen diameter: <u>16</u> inches	
Screen slot size: <u>.050</u> inches		Setting depth: From <u>77</u> feet to <u>116</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. Patrick M. Chism 0695		<u>Patrick M Chism</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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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 #: AW 39993
 Irrigation Equipment
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: C-92
 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>Triple C Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>640 D.O. Baker Road</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Leland, MS 38756</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 2 Twn 19N Rng 6W</u>
Telephone No. (<u>662-686-5681</u>)	Distance Direction Nearest Town
	<u>10 Miles NE of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>2-22-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ 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
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.

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

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