

County: Washington  
 Permit #: GW-43784  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-19-10

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: F 170  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

| Information on Well Owner<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|---|---|
| Owner Name <u>Tribbett Farms Inc.</u>   | Latitude: <u>33° 21' 55.2"</u> Longitude: <u>90° 47' 38.7"</u>  |
| Mailing Address: <u>2686 Old Hwy 61 S</u>   | Method of Lat/Long (circle one): Conventional Survey, _____<br>USGS quad, Hand-held GPS, Survey-grade GPS _____ |
| <u>Leland</u> <u>Ms.</u> <u>38756</u>   | <u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>35</u> Twn <u>18N</u> Rng <u>6W</u>  |
| City State Zip Code   | Distance Direction Nearest Town<br><u>1</u> Miles <u>N</u> of <u>Tribbett</u>                                   |
| Telephone No. ( ) _____   |   |

**Well / Borehole Data**

Date drilling started: 4-19-10 Date drilling completed: 4-19-10 Hole depth: 126 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 25 feet above or  below (circle one) land surface Date measured: 4-20-10

Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 86 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 87 feet to 126 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 next page*



County: Washington  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-19-10  
 Copy information from block on Part 1

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: F 170  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information                    | Well Location   |
|---|---|
| Owner Name: <u>Tribbett Farms Inc.</u>    | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>2686 Old Hwy 61 S</u> | Method of Lat/Long (check one): Conventional Survey _____                                 |
| <u>Leland</u> <u>Ms.</u> <u>38756</u>     | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code                       | <u>SW 1/4 NW 1/4 Sec 35 T 18N R 6W</u>  |
| Telephone No. ( ) _____                   | Distance _____ Direction _____ Nearest Town _____   |
|   | <u>1</u> Miles <u>N</u> of <u>Tribbett</u>  |

| Pump Type   | Power Type  |
|---|---|
| Circle one  | Circle one  |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>         | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO   |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>  | Windmill <input type="checkbox"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>40</u>  |
| Date Pump Installed: <u>4-20-10</u>   | Setting Depth: <u>60</u> feet   |
| Rated Pump Capacity: <u>1800 ±</u> Gallons Per Minute   | Number of Stages: <u>2</u>  |

| Pump Test Data   | Method of Measuring Water Level  |
|--|--|
|  | Circle one   |
| Date Well Tested: _____                                | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| 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   |  |

This is for (circle one):     New Well     Replacement of Existing Pump     Repair of Existing Pump

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