

County: Washington  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-23-09

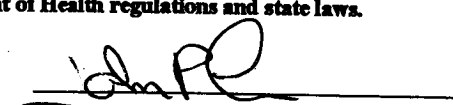
### State Well Report

#### 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 #: J95  
 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>Tim Zepponi</u>	Latitude: <u>33° 21' 23"</u> Longitude: <u>90° 48' 00"</u>
Mailing Address: <u>3280 Tribbett Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 31 Twn 17N Rng 6W</u>
Telephone No. <u>662-820-7074</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>SE</u> of <u>Leland</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>7-23-09</u> Date well drilling completed: <u>7-23-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>24</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>7-24-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>126</u> Well depth: <u>126</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>86</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>126</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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 AUG 05 2009  
 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-23-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J95  
 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>Tim Zeppeni</u>	Latitude: <u>33° 21' 23"</u> Longitude: <u>90° 48' 00"</u>
Mailing Address: <u>3280 Tribbett Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 3</u> Twn <u>17N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SE</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>7-24-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>550 ±</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	

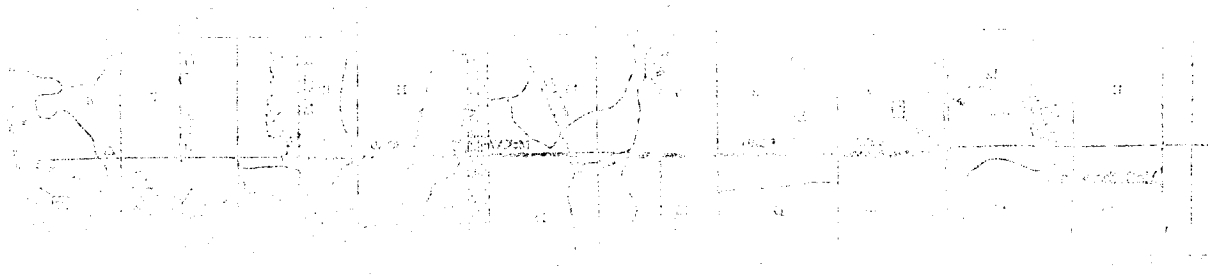
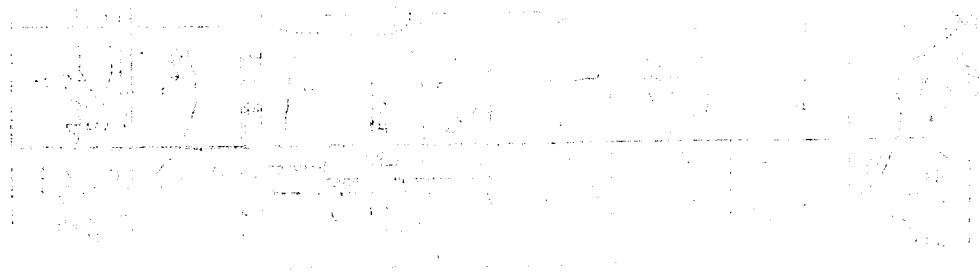
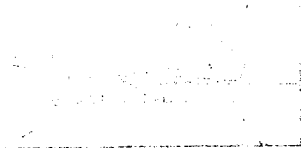
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

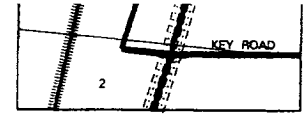
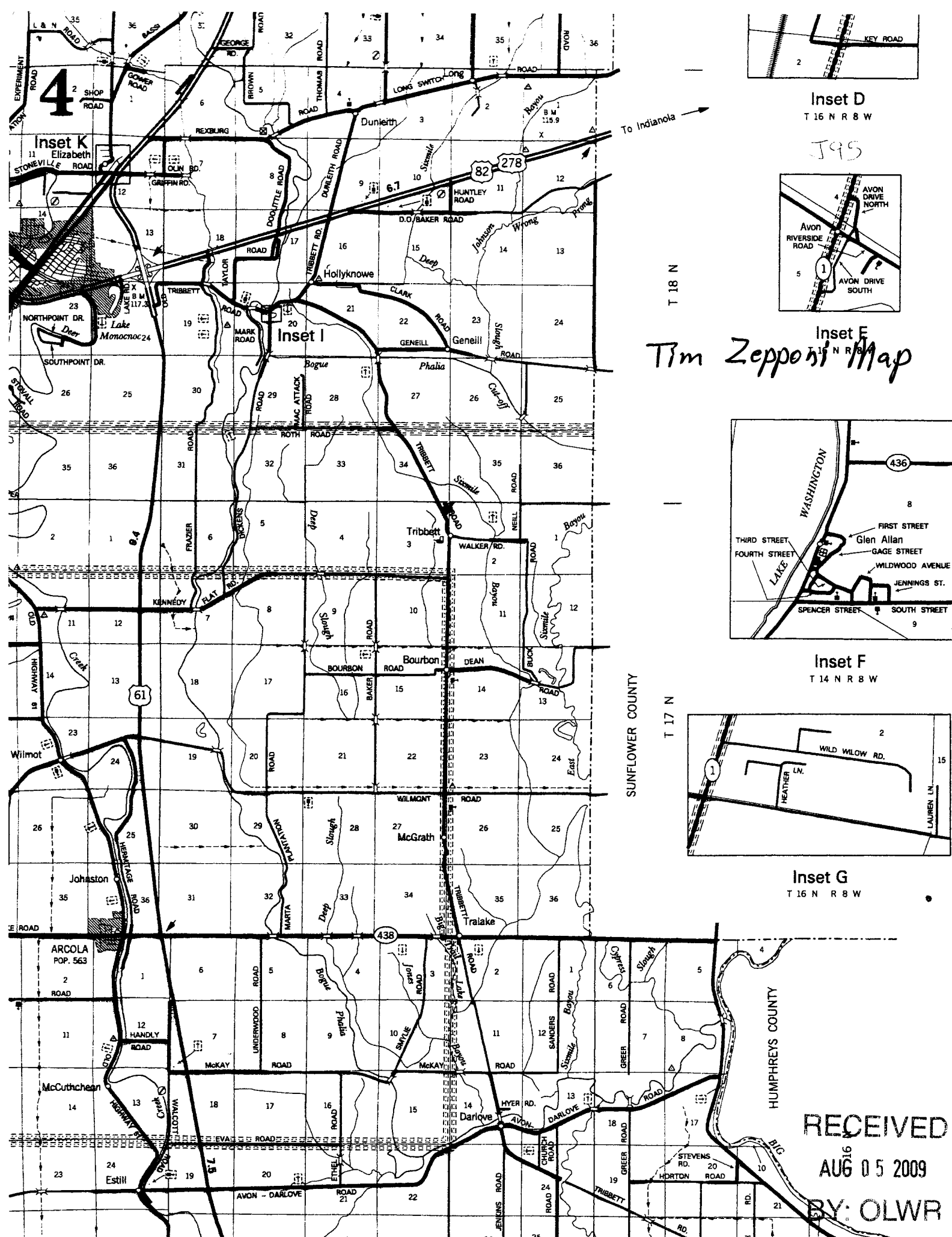
John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable) John P. Chism  
Signature of Pump Installer

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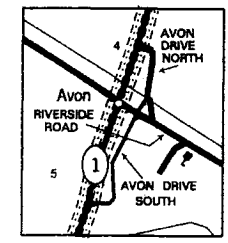
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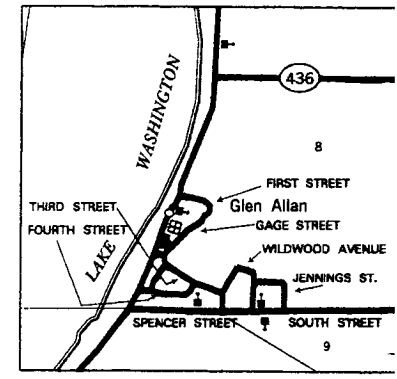
**Inset D**  
T 16 N R 8 W

J95



**Inset E**  
T 18 N R 8 W

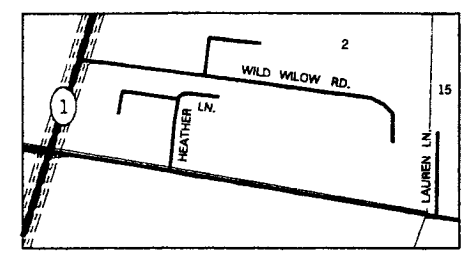
*Tim Zeponi Map*



**Inset F**  
T 14 N R 8 W

SUNFLOWER COUNTY

T 17 N



**Inset G**  
T 16 N R 8 W

HUMPHREYS COUNTY

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