

County: Bolivar
 Permit #: _____
 Driller: Irrigation Equipment
 Date drilling completed: 8-26-09

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 #: N241
 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.

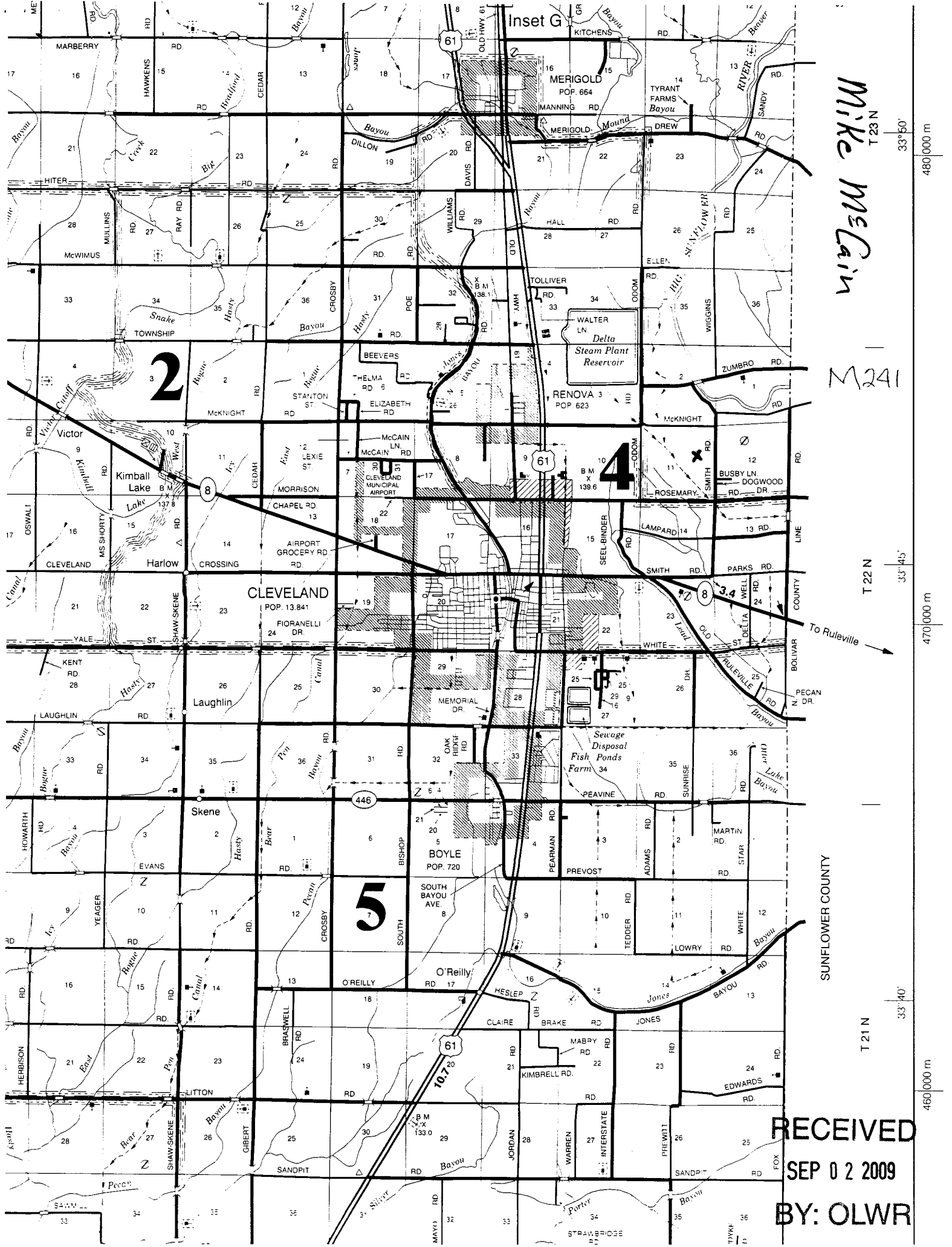
Well Owner Information		Well Location	
Owner Name: <u>Mike McCain</u>	Mailing Address: <u>725 Donaldson Point Rd</u> <u>Box A 4</u> <u>Gunnison Ms. 38746</u> City State Zip Code	Latitude: <u>33°46'16"</u> Longitude: <u>90°40'44"</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 11 Twn 22N Rng 5W</u>
Telephone No. () _____		Distance <u>2</u> Miles Direction <u>NE</u> of Nearest Town <u>Cleveland</u>	
Well Data: <u>Old Well 10" Steel 20'E</u>			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u>	Date well drilling started: <u>8-26-09</u>	Date well drilling completed: <u>8-26-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>30</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>8-26-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>125</u> Well depth: <u>125</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>85</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>86</u> feet to <u>125</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		<u>John P. Chism</u> Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No. _____			

Tommy Peacock will set pump. He contracted with us to drill.
 replacement for 6005126?

RECEIVED

SEP 02 2009

BY: OLWR



Mike McCain

M241

T 23 N

T 22 N

T 21 N

480'000 m

470'000 m

460'000 m

SUNFLOWER COUNTY

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