*			
(larrol)	State W	ell Report	
County:	State Well Report Part 1		For Office Use Only:
		t of Environmental Quality	Aquifer:
Permit #: 6 W 41354	B.	nd Water Resources	Well #: #5
Irrigation Equipment Driller: 10-2-06	• • • • • •	Sox 10631	L. S. Elevation:
Date drilling completed:		IS 39289-0631 961-5210	L. S. Elevation:
Date thining completed.	1	4-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling		driller in detail and filed w	ith the Department within
Well Owner Informa		Well	Location
Owner Name Bill Henders	con	33 35 05.8	90 05 57.3W Longitude: 57.3W
Owilei Name		Lantude:	S7
Mailing Address: 816 E. Claik	orne Ave	Method of Lat/Long (circle or	ne): Conventional Survey,
;			GPS, Survey-grade GPS
		sw 1/4 New 20	21_{Twn} 20N Rng 2E
Greenwood N	<u> 18 38930 </u>	ļ	į
City Sta		Distance Direction 6 Miles NE	Nearest Town of Greenwood
662-453-889 Telephone No. ()		Ivines	O1
	Well I	MITC	llife Management
Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture	Other.)
Date well drilling started: 10-2-06 Date well drilling completed: 10-2-06			
If flowing, method of flow regulation: Va	lve Other (d	escribe)	
Static Water Level: 13' feet above or relow tricle one) land surface Date measured: 10-3-06			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet			
Hole depth: Well de	pth:	well grouted to a depth of _	teet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 75 feet Casi	ng diameter: 10	inches Type of casing:	PVC 160
Screen length: 30 feet Screen	en diameter: 10	inches Type of screen: _	PVC 160
Screen slot size: , 050 inches	Setting depth: From _	76feet to1	05 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Irrigation Equipment Inc. Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Top of lap pipe or reduction in casing:

Name of organization running log(s):

Signature of Water Well Contractor

feet. If telescoped or more than one screen, describe on back of page

RECEIVED

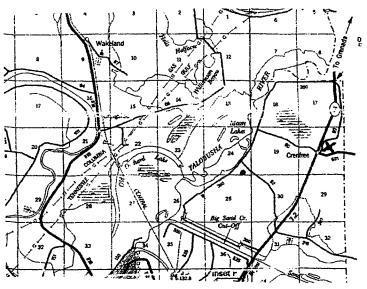
 H^{-1}

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	38
Med. Sand/gravel	39	65
Fine Sand	66	75
Fine Sand Med. Sand/gravel Clay	<u> 76</u>	102
Clay	1103	105
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name:

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Leflore

Permit#: GW 4/35U

Irrigation Equipment

Driller:

Date completed: 10-2-06

Copy information from block on Part 1

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)

For Office Use Only:		
Aquifer:		
Well#: #- 150		
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.

repon musi ve a	Well Owner Information	Well Location
Owner Name:	Bill Henderson	Latitude: Longitude:
Mailing Address:	816 E Claiborne Ave	Method of Lat/Long (check one): Conventional Survey,
	Greenwood MS 38930	USGS quad, Hand-held GPS, Survey-grade GPS 20
	City State Zip Code	Distance Direction Nearest Town
Telephone No. (_	62-453-8899	6 Miles NE of Greenwood

,	Pump Typ Circle one			Power Type Circle one	
Air Lift	J et	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	ng of Motor: 10	
Date Pump Installed: _	10-	-3-06	Setting Depth:	70	feet
Rated Pump Capacity:	500	Gallons Per Minute	Number of Stages:	1	

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			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	
Patrick M. Chism 0695	Patel on Cha
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	PE CHESVETE

001 23 2006 BY: OLWR