C() T	K7 11 10				
i i canoma i	Vell Report For Office Use Only:				
County:	Part 1 ent of Environmental Quality Aquifer:				
Permit #: (CO) // 2/ // Office of Land Irrigation Equipment	and Water Resources Box 10631 Well #: 103				
Dillier:	MS 39289-0631 L. S. Elevation:				
	1)961-5210				
(601)3	54-6938 (fax) E-log #:				
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within				
Well Owner Information	Well Location				
Owner Name Greg Tackett	34 09 08.7 90 27 10.9 Latitude: "Longitude: " "Longitude: " "				
Mailing Address: Box 344	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Lyon MS 38645	NE 1/4 SE 1/4 Sec_ 1 Twn 26N Rng 3W				
City State Zip Code 662-627-8131 Telephone No. () Distance Direction Nearest Town 8 Miles SE of Clarksdale					
Well	Data				
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture Other:				
Date well drilling started: 12-19-06 Date well drilling completed: 12-19-06					
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one)	land surface Date measured: 12-19-06				
Method of Measurement (circle one) steel tape electric tap	e air line other:				
Hole depth: 115 Well depth: 115	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix	•				
Casing length: 75 feet Casing diameter: 10					
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC 160				
Screen slot size:	76 feet to 115 feet				
Type of completion (circle all applicable): Gavel packed Unde	erreamed 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). No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	I CA NO.				
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

Print Name of Water Well Contractor and License No.

RECEIVED

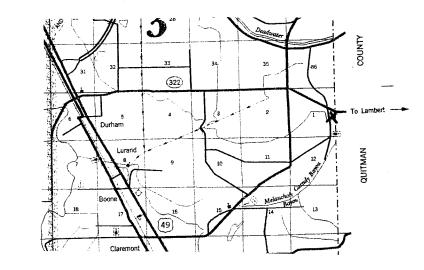
Signature of Water Well Contractor

JAN 15 2007 BY: OLWR Ground Level

Description of Formations Encountered	From	То
Clay	0	21
Fine Sand	22	35
Fine Sand/gravel	36	51
Med. Sand/gravel	52	115
		$\sqcup \sqcup$
		1

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

Coahoma County:

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

For Office Use Only:		
Aquifer:		
weil#: <u>M- 103</u>	- : - :	
Elevation:	_	

Date completed: 12-19-06	(601)961-5210 (601)354-6938 (fax)					
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					
OwnerName: Greg Tackett	Latitude:Longitude:					
Mailing Address: Box 344	Method of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
Lyon MS 38645 City State Zip Co	NE ½ SE ½ Sec 1 Twn 26N Rng 3W					
.	Distance Direction Nearest Town					
Telephone No. ()	8					
Pump Type Circle one	Power Type Circle one					
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas					
Bucket Piston Turbine	Electric Motor Hand Tractor PTO					
Centrifugal Rotary Flowing Wei	Windmill Other (specify):					
Other (specify):	Horse Power Rating of Motor: 15					
Date Pump Installed: 12-19-06	Setting Depth: 70 feet					
Rated Pump Capacity: 750 Gallons Per M	inute Number of Stages:					
Pump Test Data	Method of Measuring Water Level Circle one					
Date Well Tested:	Circle one					
Static Water Level (A):Feet Below Land St	Air Line Electric Measuring Line Steel Tape					
Pumping Water Level (B):Feet Below Land Su	Other (specify):					
Drawdown [(B) - (A)]:Feet Below Land Su	(A)]:Feet Below Land Surface For flowing well, measured shut in head:feet					
Test Pumping Rate:Gallons Per Mi	umping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):hourshours of pumping						

			our pumping
١			
	I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge./	
I	Patrick M. Chism 0695	Patrick Mclini	RECEIVED
ı	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	