County: Issaquena Permit # Wississippi Department Trigation Equipment Driller: 4-19-05 Date drilling completed: 4-19-05	Well Report Part 1 ment of Environmental Quality d and Water Resources D. Box 10631 , MS 39289-0631 01)961-5210 354-6938 (fax)	For Office Use Only: Aquifer:
State Law requires that this report be prepared by t 30 days of completion of drilling of the well.		
Well Owner Information		Longitude: 91.04.55W.,
Owner Name Katherine Pearson		•
Mailing Address:C/OTODDE	Method of Lat/Long (circle o	
Hwy.1	USGS quad, Hand-hele	d GPS, Survey grade GPS QW 9 Twn 21N Rng 8W
Rolling Fork, MS 39159	- 5W14 SW4 Sec 15	Twn 21N Rng 8W
$\frac{\text{City}}{662-873-2009}$	Distance Direction	Nearest Town of <u>Mayersville</u>
Felephone No. (662-873-2009		_010101
w	ell Data Pivot	
Purpose of Well (circle one) Home Industrial Public Supp		Other:
Date well drilling started: <u>4-19-05</u> D	ate well drilling completed:	4-19-05
if flowing, method of flow regulation: Valve Oth	•	
Static Water Level:8 'feet above or below (circle o		
Hole depth: <u>106'</u> Well depth: <u>106'</u>	*	
	Mix	
Casing length: <u>66'</u> feet Casing diameter: <u>12</u>		PVC 160
Screen length: <u>40</u> feet Screen diameter: <u>12</u>		
Screen slot size:	om67feet to	106 feet
Type of completion (circle all applicable): Gravel packed U		
Top of lap pipe or reduction in casing:feet.	_	
Logs run (circle all applicable): No log run Electric Gamma	Ray Density Sonic Neutron	Other:
Name of organization running log(s):		·
I certify that the well was drilled, constructed, and completed		-
Department of Environmental Quality and/or the Mississippi Irrigation Equipment Inc.	i Department of Health regulatio	ns and state laws.
Patrick M. Chism 0695	Dt	mchin
Patrick M. Chrsm 0095		I'' (MINA

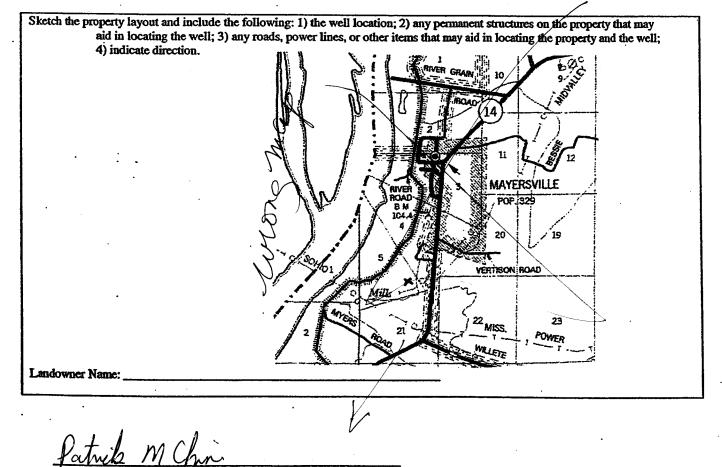
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If well telescopes please sketch below and show depths.

Ground Level

13 - 67		
Description of Formations Encountered	From	To
Clay Fine Sand	0	18
Fine Sand	19	35
Fine Sand/gravel	36.	62
Med. Sand/gravel	63	106
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

Y		STATE W	ELL REPORT		
County: Issaqu	iena] Pump Installer Mississiani Deserter	For Office Use Only:		
Permit#: Irrigation E Driker:	Equipment	Office of Land P.O.	ent of Environmental Quality and Water Resources Box 10631	$\frac{Aquifer:}{Well #: B - 67}$	
Date completed:4 -	20-05	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Well #:	
			ail and filed with the Departm	ent within 30 days of the	
installation of pump. Well Owner Information			Well Location		
Owner Name: Kat	herine Po	earson	Latitude:	_Longitude:	
Mailing Address: c/o Todd Heigle		Method of Lat/Long (circle one): Conventional Survey,			
Hwy	Hwy.1		USGS quad, Hand-held GPS, Survey-grade GPS		
		к <mark>, MS</mark> 39159	DW 1/ SW1/4 Sec 5	<u>9</u> Twn 211 Rng 88 9V	
-	State	Zip Code	Distance Direction	Nearest Town	
662- Telephone No. ()	873-2009	·	Miles South	ofMayersville	
Ршпр Туре		Power Type			
Circle one			Circle one		
Air Lift	Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		· · · · · · · · · · · · · · · · · · ·	Horse Power Rating of Motor	r. <u> </u>	
Date Pump Installed:	4-20	0-05	Setting Depth:	50 feet	
Rated Pump Capacity:	1200	_Gallons Per Minute	Number of Stages:2		
	Pump Test Data	1	Method of Me	essuring Water Level	
Date Well Tested:					
Static Water Level (A):	Fæ	t Below Land Surface	Air Line Electric Mea	-	
Pumping Water Level (E	3):Fœ	t Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: _	Fee	t Below Land Surface	For flowing well, measured sl	hut in head:feet	
Test Pumping Rate:		_Gallons Per Minute	Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumping	
(HEREBY CERTIFY th	at the above state	ments are true to the best o	f my knowledge.		
Patrick M			Patrich N	Cham	
Print Name of Pump Inst			Signature of Pump In	ustaller	

where is a first of a statement

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