	State W	ell Report		
County: Issaquena		Part 1	For Office Use Only:	
		t of Environmental Quality	Aquifer:	
Irrigation Equipment		and Water Resources	Well #: <u>C-59</u>	
Driller:	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: $\frac{11 - 30 - 05}{2}$	(601)	961-5210		
	(601)35	4-6938 (fax)	E-log #:	
State Law requires that this repor 30 days of completion of drilling o		driller in detail and filed w	ith the Department within	
Well Owner Information		Wel	Location	
Owner Name James McCoy		Latitude:	" Longitude:'	
Mailing Address: <u>16945 Cedar</u>	Lane	Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
·		1/4 NW 1/4 Sec 1	Twn 11N Rng 8W	
Dexter, MO City State	63841			
-	-	Distance Direction 5 Miles North	Nearest Town of Fitler	
Telephone No. $(573-624-0733)$	, <u>, , , , , , , , , , , , , , , , </u>		- <u></u>	
	Well 1	Pivot		
Purpose of Well (circle one) Home Indus		$\smile$		
Date well drilling started: $11 - 30 - 0$	D5 Date v	well drilling completed:	11-30-05	
If flowing, method of flow regulation: Valve	e Other (d	lescribe)		
Static Water Level: feet abov				
Method of Measurement (circle one)	-	air line other:		
Hole depth: <u>115</u> Well depth	n: 115	Well grouted to a depth of	feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 75 feet Casing	diameter. 12	inches Type of casing:	PVC	
Screen length: <u>40</u> feet Screen	diameter: <u>12</u>	inches Type of screen:	PVC	
Screen slot size: , 050 inches	Setting depth: From _	76 feet to	115 <b>fee</b> t	
Type of completion (circle all applicable):	Gravel packed Under	rreamed Telescoped Open	hole Natural Development	
••••••		• •	-	
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scr	een, describe on back of page	
Logs run (circle all applicable): No log run		Density Sonic Neutron	,	
Name of organization running log(s):			·	
	ted, and completed in	accordance with all applicable	requirements of the Mississipp	
Name of organization running log(s): I certify that the well was drilled, construct Department of Environmental Quality and	d/or the Mississippi De			
I certify that the well was drilled, construct Department of Environmental Quality and Irrigation Equipme	d/or the Mississippi De			

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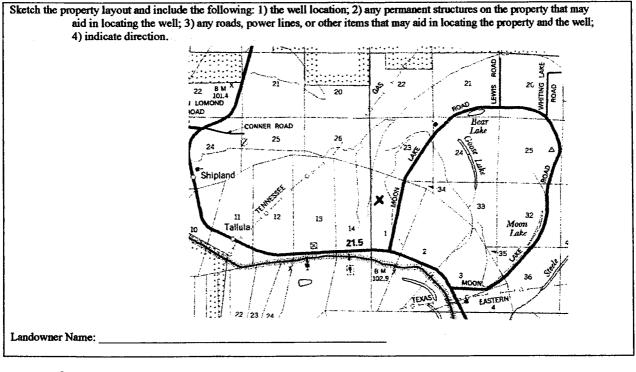
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DEC + 2 2005 BY: OLIVIE If well telescopes please sketch below and show depths.

Ground Level

C	_
Description of Formations Encountered	From To
Clay Fine Sand Med Sand/gravel	0 15
Fine Sand	16 25
Med. Sand/gravel Coarse Sand/gravel	26 75
Coarse Sand/gravel	76115

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT				
County: Issaquena	Part 2 Pump Installer's Completion Report	For Office Use Only:		
Permit#: GW 40722 Irrigation Equipment I	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:		
Driller:	nC P.O. Box 10631 Jackson, MS 39289-0631	Well #: <u>C-59</u>		
Date completed: $12-6-05$	(601)961-5210 (601)354-6938 (fax)	Elevation:		

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## 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 I	nformati	on	Well Location
Owner Name:	James Mo	Соу		Latitude:Longitude:
Mailing Address:	ddress:16945 Cedar Lane		Lane	Method of Lat/Long (circle one): Conventional Survey,
	Dexter	MO	63841	USGS quad, Hand-held GPS, Survey-grade GPS
	City	State	Zip Code	
Telephone No. (	573-624-0 )	)733		Distance Direction Nearest Town

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 Well	Windmill	Other (specify):	
Other (specify):		· .	Horse Power Ratin	g of Motor:8	0
Date Pump Installed:	12-6	-05	Setting Depth:	50	feet
Rated Pump Capacity:	1500	Gallons Per Minute	Number of Stages:	3	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
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 my knowledge.
Patrick M. Chism 0695	Vature M Chin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED