

State Well Report

Part 1

County: Issaquena
 Permit #: GW 40722
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 11-30-05

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 #: C-59
 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>James McCoy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>16945 Cedar Lane</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Dexter, MO 63841</u> | <input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 NW 1/4 Sec 1 TwN 11N Rng 8W</u> |
| Telephone No. (<u>573</u>)- <u>624-0733</u> | Distance Direction Nearest Town |
| | <u>5 Miles North of Fidler</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other: _____

Date well drilling started: 11-30-05 Date well drilling completed: 11-30-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 14' feet above or below (circle one) land surface Date measured: 12-6-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 76 feet to 115 feet

Type of completion (circle all applicable): Gravel packed 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): 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 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 0695

Print Name of Water Well Contractor and License No. Patrick M Chism Signature of Water Well Contractor

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STATE WELL REPORT

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
 (601)961-5210
 (601)354-6938 (fax)

County: Issaquena
 Permit #: GW 40722
 Irrigation Equipment Inc.
 Driller: _____
 Date completed: 12-6-05

For Office Use Only:

Aquifer: _____
 Well #: C-59
 Elevation: _____

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 |
|--|--|
| Owner Name: <u>James McCoy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>16945 Cedar Lane</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Dexter MO 63841</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>11N</u> Rng <u>8W</u> |
| Telephone No. () <u>573-624-0733</u> | Distance Direction Nearest Town |
| | <u>5</u> Miles <u>North</u> of <u>Fitler</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> <input type="checkbox"/> Flowing Well | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>80</u> |
| Date Pump Installed: <u>12-6-05</u> | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>1500</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695 Patrick M Chism

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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