County:LeflorePPermit #:40211Mississippi DepartmentIrrigation EquipmentOffice of Land aDriller:Jackson, MDate drilling completed:5-13-05(601)	Well Location
Owner Name David Smith	Latitude: 10.3 Longitude: 90, 22, 10, 5
Mailing Address: 551 Lawrence 547	Method of Lat/Long (circle one): Conventional Survey,
Maining Address Barna Driver of 17	
	USGS quad, Hand-held GPS, Survey-grade GPS
Alicia, AR 72410 City State Zip Code 870-886-2801 Telephone No.	NF4 NW 4 Sec 21 Twn 22N Rng 2W Distance Direction Nearest Town 7 MilesWest of Minter City
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply (Irrigation Fish Culture Other:
Date well drilling started:5-13-05 Date w	vell drilling completed: 5-13-05
If flowing, method of flow regulation: Valve Other (d	escribe)
Static Water Level: 37' feet above of the one)	and surface Date measured: $5 - 17 - 05$
Method of Measurement (circle one) steel tape electric tape	
Hole depth:114 Well depth:114	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 74 feet Casing diameter: 16	_inches Type of casing:
Screen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen: <u>PVC_Sch_40</u>
Screen slot size:050 inches Setting depth: From	
Type of completion (circle all applicable): (Gravel packed) Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If te	lescoped 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 a	
Department of Environmental Quality and/or the Mississippi Dep Irrigation Equipment Inc. Patrick M. Chism 0695	partment of Health regulations and state laws. Patrick M Chim
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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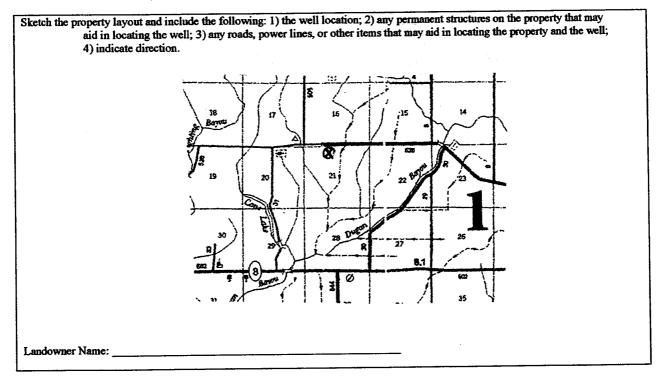
RECEVED JUNIT 1993 BY: CLIMA If well telescopes please sketch below and show depths.

Ground Level

	A-122
Description of Formations Encountered	From To
Clay Fine Sand	0 25
	26 45
Med. Sand/gravel Coarse Sand/gravel	
Coarse Sand/gravel	56 '4
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If more than one screen, show location of each on sketch



M Chin

Signature of Water Well Contractor

County: Leflore	Part 2	For Office Use On
$\frac{\text{County:} $	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Aquifer:
Irrigation Equipment	Office of Land and Water Resources P.O. Box 10631	A 122
Driller: $5 - 17 - 05$	Jackson, MS 39289-0631 (601)961-5210	Well #:
Date completed:	(601)354-6938 (fax)	Elevation:

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weil Owner Information	Well Location	
Owner Name: David Smith	Latitude: Longitude:	
551 Lawrence 547 Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Alicia AR 72410	NE 1 NW 1 Sec ²¹ Twin Rng ^{2W}	
City State Zip Code		
870-886-2801	Distance Direction Nearest Town	
Telephone No. ()	7 Miles of Minter City	

Pum p 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:60	
Date Pump Installe			Setting Depth:	70	feet
Rated Pump Capac	2500-3000 ity:) Gallons Per Minute	Number of Stages:	1	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	Circle one	
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 yielded GPM 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 <u>Patrick M. Chism 0695</u> Print Name of Pump Installer and License No. (if applicable)	of my knewledge.	
Patrick M. Chism 0695	Patrick MChin	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

REALIZED