

# State Well Report

## Part 1

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: Leflore  
Permit #: 6041137  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-9-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-131  
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>Collier Tillman</u>	Latitude: <u>33.44013</u> , Longitude: <u>90.21241</u>
Mailing Address: <u>Box 205</u>	Method of Lat/Long (circle one): <u>01</u> Conventional Survey, <u>24</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 36 TwN 22N Rng 2W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4 Miles West of Minter City</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement  
Date well drilling started: 6-9-06 Date well drilling completed: 6-9-06 606792

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

Static Water Level: 36' feet above or below (circle one) land surface Date measured: 6-12-06

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 85 feet to 124 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

Patrick M Chism  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED  
JUN 26 2006  
BY: OLWR



