	State Well Report	LJ
County: Leflore	Part 1	For Office Use Only:
Permit #: 60 41137 Miss	sissippi Department of Environmental Quality	
Irrigation Equipment	Office of Land and Water Resources P.O. Box 10631	Well #: <u>A-131</u>
Driller:	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: $6 - 9 - 0.6$	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
	e prepared by the driller in detail and filed	with the Department within
30 days of completion of drilling of th Well Owner Information		II Location
Owner Name Collier Tillman	33,44 01.	3 90 21 24.1
		³ <u>90</u> 21 24.1, "Longitude: <u>24</u>
Mailing Address: Box 205	Method of Lat/Long (circle of	one): Conventional Survey,
	USGS quad, Hand-hel	d GPS, Survey-grade GPS
Schlater MS	<u>SE 1/4 NW 1/4 Sec 36</u>	
City State	Zip Code Distance Direction	
	4 Miles West	of Minter City
relephone No. ()		
	Well Data	
Purpose of Well (circle one) Home Industrial		
	Date well drilling completed:6-	.9-06 GW6792
	Other (describe)	1
Static Water Level: <u>36</u> feet above of	below (circle one) land surface Date measured	:6-12-06
Method of Measurement (circle one) steel tag	electric tape air line other:	
Hole depth: 124 Well depth:	124 Well grouted to a depth of	10 feet
	ntonite Mix	
Casing length: <u>84</u> feet Casing dia	meter: <u>16</u> inches Type of casing:	PVC Sch.40
Screen length: <u>40</u> feet Screen dia	meter: <u>16</u> inches Type of screen:	PVC Sch.40
Screen slot size: <u>050</u> inches Se	tting depth: From <u>85</u> feet to	124 feet
Type of completion (circle all applicable): Gra	vel packed Underreamed Telescoped Ope	n hole Natural Development
Oth	er (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one so	creen, describe on back of page
Logs run (circle all applicable): No log run El	ectric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):		
	, and completed in accordance with all applicable	
•	the Mississippi Department of Health regulatio	ns and state laws.
Irrigation Equipment	95 Patil	n Cline
	se No. Signature of	of Water Well Contractor
Patrick M. Chism 06	se No. Signature of	of Water Well Contractor
Patrick M. Chism 06	se No. Signature of	of Water Well Contractor
Patrick M. Chism 06	se No. Signature of	of Water Well Contractor RECEN JUN 26 BY: O

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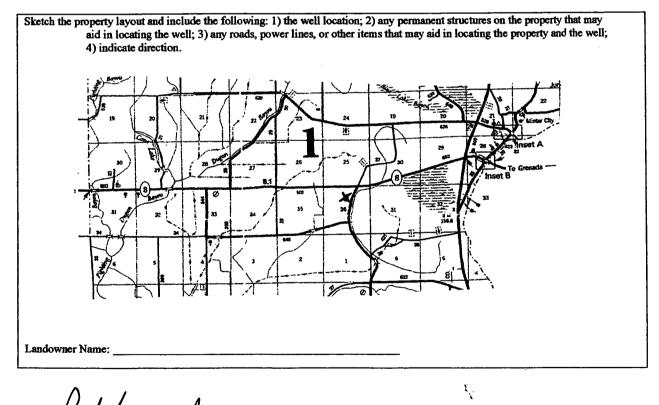
If well telescopes please sketch below and show depths.

Ground Level

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	A-	÷
	1	* •
Description of Formations Encountered	From To	
Clay Fine Sand	20 35	
Fine Sand/gravel Med. sand/gravel	36 49 50 124	
······································		

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



Signature of Water Well Contractor

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County: Leflore		ELL REPORT Part 2	For Office Use Only:	
Pump Installer		r's Completion Report ent of Environmental Quality	Aquifer:	
Irrigation Equipment	Office of Land	d and Water Resources		
	Jackson,	. Box 10631 MS 39289-0631	well#: <u>A-131</u>	
Date completed: (60)		1)961-5210 354-6938 (fax)	Elevation:	
Copy information from block on Part 1	•••		L	
This part of the report must be completed report must be attached and both parts file	d with the Department	t at the above address within 30 d	ays of well completion.	
Well Owner Informat		Wd	Location	
Owner Name: Collier Tillman		Latitude:Longitude:		
Mailing Address: Box 205		Method of Lat/Long (check or	ac): Conventional Survey,	
		USCS and Handheld	GPS Survey-made GPS	
Schlater MS 38952		USGS quad, Hand-held GPS, Survey-grade GPS SE 4 NW 4 Sec 36 T 22NR 2W		
City State	Zip Code	¼¼ Sec	<u>T 22198 2W</u>	
-	•	Distance Direction	Nearest Town	
Telephone No. ()		4 Miles West o	4 Miles West of Minter City	
	-			
Pump Type Circle one			wer Type incle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ac 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	60	
Date Pump Installed:6-12-06		_		
		Setting Depth:		
Rated Pump Capacity: 2200±	Gallons Per Minute	Number of Stages:	2	
Pump Test Data		Ned at all	easuring Water Level	
•			Vircle one	
Date Well Tested:	· · · · · · · · · · · · · · · · · · ·	Air Line Electric Me	astring Line Steel Tape	
Static Water Level (A):Feet	Below Land Surface		•	
Pumping Water Level (B):Feet 1	Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: Feet		For flowing well mesenned e	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		fect after_	hours of pumping	
·····				
HEREBY CERTIFY that the above statem	ents are true to the bes	t of my knowledge.	1	
Patrick M. Chism 069		Patel In C	nstaller <u>RECE</u> Form: OLWR SW	
Print Name of Pump Installer and License N	In (if applicable)	Signature of Pump I	nstaller BEUE	

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