County:	mty:Leflore		
Permit #2 Irrig Driller:	ation Equipment		
Date drilli	g completed:9-20-06		

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)

For Office Use Only:	
Aquifer:	
Well #: # - 135	
L. S. Elevation:	
E-log #:	

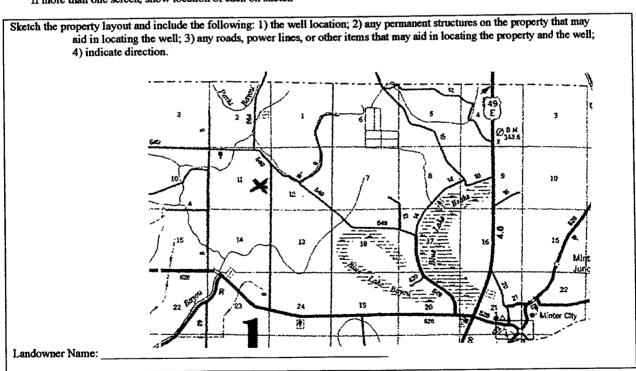
State Law requires that this report be prepared by the driller in detail and filed with the Department within

30 days of completion of drilling of the well.						
Well Owner Information	Well Location					
Owner NameBB & J Partnership	Latitude:, Longitude:, 22,09,0					
Mailing Address: 9245 County Road 545	Method of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
	NE 1/4 SE 1/4 Sec 11 Twn 22N Rng 2W					
Minter city, MS 38944						
City State Zip Code	Distance Direction Nearest Town 6 Miles NW of Minter City					
Telephone No. ()	o miles inw of Filitter City					
Well I	Data					
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:					
•	0 20 00					
Date well drilling started: 9-20-06 Date w	well drilling completed: 9-20-06					
If flowing, method of flow regulation: Valve Other (d	lescribe)					
Static Water Level:feet above of below (circle one) l	and surface Date measured: 9-21-06					
Method of Measurement (circle one) steel tape electric tape	air line other:					
Hole depth:113 '	Well grouted to a depth offeet					
Type of grout (circle one): Cement Bentonite Mix	· · · · · · · · · · · · · · · · · · ·					
Casing length: 73 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:inches Setting depth: From _	74feet to113feet					
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 Chin					
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor					

Ground Level

Description of Formations Encountered	From	То
Clay	0	31
Fine Sand	32 36	35
Fine Sand/gravel Med. Sand/gravel		50
Med. Sand/gravel	51	113
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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)

For Office Use Only:				
Aquifer:				
Wd1#:	H-135			
Elevatio	n:			

Date completed: 9-20-06

Copy information from block on Part 1

Leflore

Permit# 6041337 Irrigation Equipment

County:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: BB & J Partnership	Latitude:Longitude:			
Mailing Address: 9245 County Road 545	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Minter City, MS 38944 City State Zip Code	NE 1/4 SE 1/4 Sec 11 T22N R 2W			
•	Distance Direction Nearest Town			
Telephone No. ()	6 MileNW of Minter City			
Pump Type Circle one	Power Type			
Chae ole	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 Rating of Motor: 40			
Date Pump Installed: 9-21-06	Setting Depth: 70 feet			
Rated Pump Capacity: 1800 Gallons Per Minute	Number of Stages: 2			
Pump Test Data	Method of Measuring Water Level			
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 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 Chim				
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B			

RECEIVED

