

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 #: A-154
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW41322
Irrigation Equipment
Driller: _____
Date drilling completed: 9-11-06

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>Carver Company</u> | Latitude: <u>33 43 35.3N</u> Longitude: <u>90 26 40.8</u> |
| Mailing Address: <u>2 Leflore County Road 33</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>41</u> |
| <u>Ruleville, MS 38771</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>Ruleville</u> State: <u>MS</u> Zip Code: <u>38771</u> | NE <u>35</u> $\frac{1}{4}$ SW <u>41</u> $\frac{1}{4}$ Sec <u>31</u> Twn <u>22N</u> Rng <u>2W</u> |
| Telephone No. () _____ | Distance: <u>9</u> Miles Direction: <u>West</u> of Nearest Town: <u>Minter City</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement

Date well drilling started: 9-11-06 Date well drilling completed: 9-11-06

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

Static Water Level: 46' feet above or below (circle one) land surface Date measured: 9-13-06

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 84 feet to 123 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

RECEIVED
SEP 25 2006
BY: OLWR

