

eflore

41140
Irrigation Equipment

drilling completed: 6-6-06

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 #: C-141

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>HAROLD L. COLEMAN, JR.</u> <u>Eagle Break Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 255</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Schlater MS 38952</u>	<u>NW 1/4 NW 1/4 Sec 31 Twn 21N Rng 2W</u>
City: <u>Schlater</u> State: <u>MS</u> Zip Code: <u>38952</u>	Distance: <u>6</u> Miles <u>West</u> of <u>Schlater</u>
Telephone No. (____) _____	

Well Data

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

Date well drilling started: 6-6-06 Date well drilling completed: 6-6-06

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

Static Water Level: 51' feet above or below (circle one) land surface Date measured: 6-8-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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

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JUN 22 2006

YMD JOINT WATER
MANAGEMENT DISTRICT

41140

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 #: C-141
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit # 6W41140
Irrigation Equipment
Driller: _____
Date drilling completed: 6-6-06

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>Eagle Break Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 255</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Schlater MS 38952</u>	<input checked="" type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code <u>662-658-4489</u>	<u>NW 1/4 NW 1/4 Sec 31 Twn 21N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6 Miles West of Schlater</u>

Well Data

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

Date well drilling started: 6-6-06 Date well drilling completed: 6-6-06

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

Static Water Level: 51' feet above or below (circle one) land surface Date measured: 6-8-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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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

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JUN 26 2006
BY: OLWR

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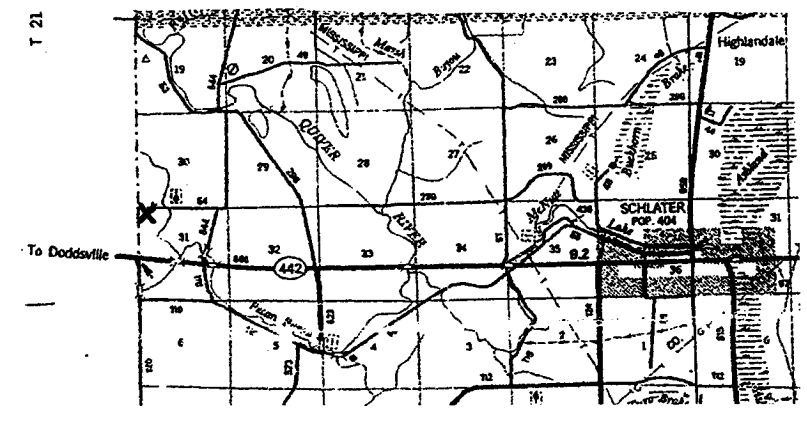
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	35
Fine Sand/gravel	36	54
Med. Sand/gravel	55	118
Clay	119	20

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: _____

Pat M Chi
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)

County: Leflore
 Permit #: 6W41140
 Irrigation Equipment
 Driller: _____
 Date completed: 6-6-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-141
 Elevation: _____

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

Owner Name: Eagle Break Planting Company
 Mailing Address: Box 255
Schlater MS 38952
 City State Zip Code
662-658-4489
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 _____ ¼ _____ ¼ Sec 31 T 21N R 2W
 Distance Direction Nearest Town
6 Miles West of Schlater

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-8-06
 Rated Pump Capacity: 1600 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 40
 Setting Depth: 80 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of
 _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 26 2006
 Form BLWR 5/04/05
 BY: OLNR