

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-142
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW-41139
Irrigation Equipment
Driller: _____
Date drilling completed: 6-7-06

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 Company</u> <u>HAROLD L COLEMAN JR</u>	Latitude: <u>33 39 39.6</u> Longitude: <u>90 26 49.9</u>
Mailing Address: <u>Box 255</u>	Method of Lat/Long (circle one): <u>40</u> Conventional Survey, <u>50</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>30</u> Twn <u>21N</u> Rng <u>2W</u>
Telephone No. (<u>662-658-4489</u>)	Distance Direction Nearest Town <u>6</u> Miles <u>West</u> of <u>Schlater</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-7-06 Date well drilling completed: 6-7-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 49' 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: 125 Well depth: 125 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 85 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 86 feet to 125 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.

Signature of Water Well Contractor

Patrick M Chism

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JUN 22 2006

YMD JOINT WATER
MANAGEMENT DISTRICT

41139

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 # 60041139
Irrigation Equipment
Driller: _____
Date drilling completed: 6-7-06

For Office Use Only:
Aquifer: _____
Well #: E-142
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.

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Mailing Address: <u>Box 255</u>	Method of Lat/Long (circle one): <u>40</u> Conventional Survey, <u>50</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE <u>1/4</u> NW <u>1/4</u> Sec <u>30</u> Twn <u>21N</u> Rng <u>2W</u>
Telephone No. <u>662-658-4489</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>West</u> of <u>Schlater</u>

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Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Patrick M Chism RECEIVED
Signature of Water Well Contractor
JUN 26 2006

BY: OLWR

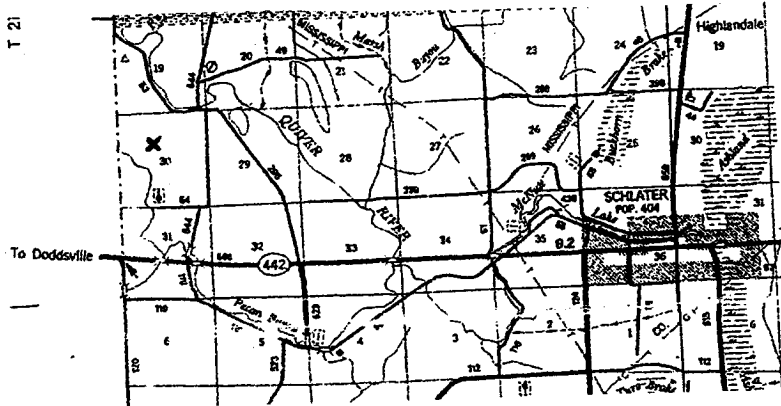
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	30
Fine Sand/gravel	31	49
Med. Sand/gravel	50	125

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: _____

Patrick 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 #: 6W 41131
 Irrigation Equipment
 Driller: _____
 Date completed: 6-7-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-142
 Elevation: _____

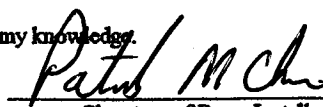
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Eagle Break Planting Co.</u> Mailing Address: <u>Box 255</u> <u>Schlater MS 38952</u> <small>City State Zip Code</small> Telephone No. () <u>662-658-4489</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>30</u> T <u>21N</u> R <u>2W</u> Distance Direction Nearest Town <u>6 Miles West of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-8-06</u> Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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: OLWR-SWB-1B
 RY-TAWF