Permit#: \(\(\lambda \) \(\lambda \rangle \) \(\lambda \rangle \) \(\lambda \rangle \rangle \) \(\lambda \rangle \rang	Office of Land and Water Resources			
Irrigation Equipment	P.O. Box 10631		Well #:	
6 7 06	_	AS 39289-0631	L. S. Elevation:	
Date drilling completed:		961-5210	7. 4	
	(601)33	4-6938 (fax)	E-log #:	
State Law requires that this repo 30 days of completion of drilling		driller in detail and filed w	ith the Department within	
Well Owner Informat		Well	Location	
Eagle Break Plant		33 39 14.6	90 26 07 2	
Owner Name HAROLD L COL	EMANJR	Latitude:	90 26 07,2 " Longitude:	
Mailing Address: Box 255		Method of Lat/Long (circle on	e): Conventional Survey	
		NBI	•	
		USGS quad, Hand-held	GPS, Survey-grade GPS	
Cablata va		SE 1/2 Sec_ 30	Twn 21N Rng 2W	
Schlater MS City State		Distance Direction	Managet Taylor	
662-658-4489	Zip Code		Nearest Town of Schlater	
Telephone No. ()	· · · · · · · · · · · · · · · · · · ·			
	Well 1	<u></u>		
Purpose of Well (circle one) Home Indus	•••			
Date well drilling started: 6-	7-06 Date v	vell drilling completed:	6-7-06	
If flowing, method of flow regulation: Valve	Other (d	escribe)		
Static Water Level: 50' feet above	ve or below (circle one) l	and 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	and the second s			
Screen slot size: . 050 inches	Setting depth: From 8	31feet to	120 feet	
Type of completion (circle all applicable): Ocavel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scre	en, 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 Catril M. Chu				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				
		RE	CEIVED	

State Well Report

Part 1

41135

Leflore

County: __

JUN 22 2006

For Office Use Only:

	State Well	Report	For Office Use Only:
Leflore	Part 1	_	For Office Ose Only.
County:	Mississippi Department of H		Aquifer:
Permit #6W 41138	Office of Land and W		Well #: C-143
Irrigation Equipment			
	Jackson, MS 39		L. S. Elevation:
Date drilling completed: $6-7-06$	(001)501.		E-log #:
	(601)354-693	08 (1ax)	D-10g
State Law requires that this rep	ort be prepared by the drill	er in detail and filed w	ith the Department within
30 days of completion of drilling	g of the well.		Location
Well Owner Inform	auon	33 39 14.6	90 26 07.2
Eagle Break Plan OwnerName	Lat	tude:'	_" Longitude:"
		15	90 26 07, 2 " Longitude:
Mailing Address: Box 255	Me	thod of Lat/Long (circle of	ne): Conventional Survey,
	C	USGS quad, Hand-held	I GPS, Survey-grade GPS
		SE 1/2 Sec 30	Twn_21N Rng 2W
Schlater M	IS 38952		_
City St: 662-658-448		tance Direction	Nearest Town
662-658-448	19 <u> </u>	Miles West	of <u>Schlater</u>
Telephone No. ()			
	Well Data		
•			Others
Purpose of Well (circle one) Home In	dustrial Public Supply Tri	gation Fish Culture	Other:
Date well drilling started:	-7-06 Date well 6	rilling completed:	6-7-06_
If flowing, method of flow regulation: Va	alveOther (descri	be)	
	above or below (circle one) land		I I
		Sulface Date incomme	
Method of Measurement (circle one)	teel tape electric tape	air line other:	
		ell grouted to a depth of	1 0 feet
Hole depth: 120 Well d	eptin: 120 v	cit grouted to a deput or	
Type of grout (circle one): Cement	Bentonite Mix		
			DVG 160
Casing length: 80 feet Cas	sing diameter: 12 in	ches Type of casing:	PVC_16U
Screen length: 40 feet Scr	reen diameter: 12 ir	ches Type of screen:	PVC 160
Screen slot size:			120 feet
Screen slot size:			
Type of completion (circle all applicable): Gravel packed Underream	ned Telescoped Ope	en hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If teleso	oped or more than one s	creen, describe on back of page
	1		
Logs run (circle all applicable): (No log	nyan Electric Gamma Ray D	ensity Sonic Neutron	Other:
			İ
Name of organization running log(s): I certify that the well was drilled, cons	structed and completed in acco	rdance with all applical	le requirements of the Mississippi
I certify that the well was drilled, cons	ou uniou, aimi com proteti ili acci	ment of Weelth named the	one and state laws.
Department of Environmental Quality		ment or treatm teamin	
Irrigation Equip		V+1	n Thu
Patrick M Chism	U 0 9 5	TO And I	11 U'' ¬

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

JUN 25 2006

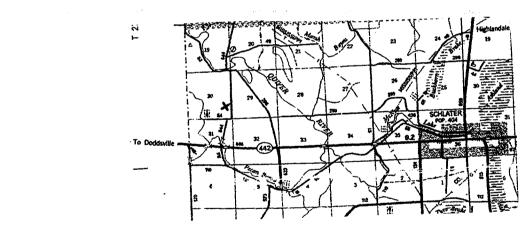
BY: 01.WR

Ground Level

Desc	ription of Formations Encountered	From	То
Clay		0	18
Fine	Sand	19	35
Fine	Sand/gravel	36	50
Med.	Sand/gravel	51	120
			\vdash
			\vdash
	<u> </u>		-
			\vdash
<u> </u>		- +	
			\vdash
			\vdash \vdash
			1
			
			

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:	
-----------------	--

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Leflore

Permit#: GW 41/38

Irrigation Equipment

Driller: 6-7-06

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

For Office Use Only:		
Aquifer:	<i>3</i>	
Well#: C	-143	
Elevation:		

Date completed:)961-5210 54-6938 (fax)	Elevation:	
This part of the report must be complete report must be attached and both parts f	_l d by a licensed water well iled with the Donartment	contractor or a licensed pur at the above address within i	np installer. A copy 30 days of well com	of Part 1 of the eletion.
Well Owner Informa	ation		Well Location	
Eagle Break Plan Owner Name:	iting Co.	Latitude:	Longitude:	
Mailing Address: Box 255	- <u></u>	Method of Lat/Long (chec		
Schlater M City State 662-658-4489 Telephone No. ())	USGS quad, Hand- NE ½ SE ¼ Sec Distance Direction 6 Miles West	30 _T 21 N	R 2W
Pump Type Circle one			Power Type Circle one	
Air Lift let	Submersible	Diesel Engine G	asoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor H	and	Tractor PTO
Centrifugal Rotary	Flowing Well	•	ther (specify):	
Other (specify):		Horse Power Rating of M		
Date Pump Installed: $6-8-06$	····	Setting Depth:	80	feet
Rated Pump Capacity:160	Gallons Per Minute	Number of Stages:	1	
Pump Test Dat		Method o	of Measuring Water Circle one	r Level
Date Well Tested:		Air Line Electric	c Measuring Line	Steel Tape
Static Water Level (A):Fe	eet Below Land Surface	Other (specify):		<u>-</u>
Pumping Water Level (B):Fe	et Below Land Surface			
D	et Below Land Surface	For flowing well, measu		
		1		
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with	a drawdown of

I HEREBY CERTIFY that the above statements are true to the best Patrick M. Chism 0695	of my knowledge.	
Patrick M. Chism 0695		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	WED
Zimit round of z demp instances and zero		FORM OLIVE SWR-1E

FERRELINGUR-1B

JUN 26 2006

BY: OLVVE