County: Leflore Permit#: GW 41444 Irrigation Equipment
Driller:

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 #: / -//		
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 Mira Coleman & Erma Taylor	33 33' 47.2N 90 22' 28.4 Latitude:,, Longitude:,,			
Mailing Address: 5974 County Road 538	Method of Lat/Long (circle one): Conventional Survey,			
,	USGS quad, Hand-held GPS, Survey-grade GPS			
Itta Bena MS 38941	NE 1/4 NW 1/4 Sec 35 Twn 20N Rng 2W			
City State Zip Code	Distance Direction Nearest Town 6 Miles NW of			
Telephone No. ()				
Well I	Data .			
Purpose of Well (circle one) Home Industrial Public Supply	Inigation Fish Culture Other:			
Date well drilling started: 11-29-06 Date w	vell drilling completed: 11-29-06			
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 50 feet above or below (circle one) l	and surface Date measured: 11-30-06			
Method of Measurement (circle one) stoel tape electric tape	air line other:			
Hole depth: 116 Well depth: 116	Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix	Ź			
Casing length: 76 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 _	77 feet to 116 feet			
Type of completion (circle all applicable): Gravel packed Under	reamed 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	Path Mch			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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BY: OLWR

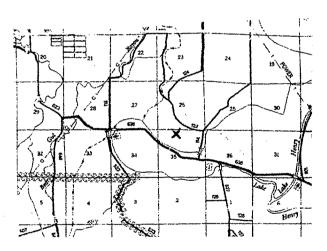
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand Fine Sand/gravel Med. Sand/gravel	36	50
Med. Sand/gravel	51	116
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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.



andowner Name		

· Patril on Chin

Signature of Water Well Contractor

STATE WELL REPORT

County: Leflore Pump by Permit #: 600 41404 Irrigation Equipment Driller: Ja

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

For Office Use Only:			
Aquifer:			
Well #: F- 100	-		
Elevation:	_		

Date completed:	11-29-06)961-5210 64-6938 (fax)	Elevation:	
This report sh		the pump installer in det	ail and filed with the Departmen	t within 30 days of the	
	Well Owner Inform	ation	Well	Location	
Owner Name:	a Coleman	Erma Taylor	Latitude: Longitude:		
Mailing Address:	5974 Count	ry ROad 538	Method of Lat/Long (circle one): Conventional Survey,		
-			USGS quad, Hand-l	neld GPS, Survey-grade GPS	
-	Itta Bena		NE 1/4 NW 1/4 Sec 35	Twn 20N Rng 2W	
•	City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. ()		6 Miles NW of		
	Pum p Type Circle one			er Type cle 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 (sp	pecify):	
Other (specify):			Horse Power Rating of Motor:	60	
Date Pump Installed	Pump Installed: 11-30-06		1	70 feet	
Rated Pump Capaci	ty: 2300±	Gallons Per Minute	Number of Stages: 2		
	Pump Test Dat	a		suring Water Level	
Date Well Tested: _			CIRC	cie one	
		et Below Land Surface	Air Line Electric Meass	•	
Pumping Water Level (B):Feet Below Land Surface Other			Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface For			For flowing well, measured shut	t in head:feet	
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of			GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hourshours of pumping					

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

DEC 12 2006 BY: OLWR