County:	Leflor	е
Permit #: Irri Driller:	<i>597</i> Equipment	
-	ing completed:	3-8-07

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 #: F-180
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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Four Farms/William Patridge	Latitude:°, Longitude:°, "			
Mailing Address: Box 194	Method of Lat/Long (circle one): Conventional Survey,			
	, USGS quad, Hand-held GPS, Survey-grade GPS			
	NE SE CELLE 20N D 2W			
Schlater MS 38952	NE 1/4 Sec 8/0 Twn 20N Rng 2W			
City State Zip Code	Distance Direction Nearest Town			
662-658-4811 Telephone No. ()	_4Miles <u>SW</u> of <u>Schlater</u>			
Telephone No.				
Well I	Data Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 3-8-07 Date w	vell drilling completed: 3-8-07			
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 52 feet above of below circle one) la	and surface Date measured: $3-9-0.7$			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 119 Well depth: 119	Well grouted to a depth offeet			
Type of grout (circle one): Cement Mix				
Casing length: 79 feet Casing diameter: 10	inches Type of casing: PVC160			
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC160			
Screen slot size:inches Setting depth: From	80 feet to 119 feet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):	4			
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a	ccordance with all applicable requirements of the Mississippi			
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.			
Irrigation Equipment Inc.	A			
Patrick M. Chism 0695	Palis MC			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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BY: OLWR

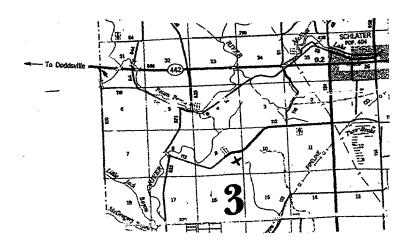
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	1.5
Clay/fine Sand	16	25
Fine Sand	26	35
Coarse Sand	36	65
Coarse Sand/gravel	66	85
Gravel	86	95
Rock/Gravel	1 96	105
Coarse Sand/gravel	1106	115
Med. Sand	1116	119
	 	
	 	
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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:	
ALLUUWIEL MAINE.	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Leflore

Permit#: Low 469

Irrigation Equipment
Date completed: 3-8-07

Date completed: 3-8-07

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)61-5210
(601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#: F-180		
Elevation:		

	(001)33-	4-0936 (IZA)	<u>i</u>	
This report should be prepared by the pun installation of pump.	ap installer in detai	il and filed with the l	Department within 30 day	ys of the
Well Owner Information			Well Location	
Four Farms/William	Latitude:	Longitude:		
Mailing Address: Box 194	Method of Lat/Long (circle one): Conventional Survey,			
Schlater MS 38952		USGS quad, Hand-held GPS, Survey-grade GPS		
City State		1/41/4	Sec 9 Twn 20N	_Rng_2W_
662-658-4811	Zip Code .	Distance Di	rection Nearest Tov	· VII
Telephone No. ()		Miles	SW of Schlate	er
Pump Type Circle one			Power Type Circle one	
Air Lift Jet Saba	nersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston Turb	ine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary Flow	ing Well	Windmill	Other (specify):	
Other (specify):		Horse Power Rating	of Motor: 30	
Date Pump Installed: 3-9-07	 i	Setting Depth:	70	feet
Rated Pump Capacity: 1150± Gallor	ns Per Minute	Number of Stages: _	1	_
Pump Test Data		Meth	od of Measuring Water I	evel .
Date Well Tested:		i	Circle one	
Static Water Level (A):Feet Below	1		ctric Measuring Line	Steel Tape
Pumping Water Level (B):Feet Below	Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, me	asured shut in head:	feet
Test Pumping Rate:Gallon	s Per Minute	Well yielded	GPM with a d	rawdown of
Duration of Pump Test (minimum 4 hours):	Duration of Pump Test (minimum 4 hours):hours			urs of pumping

I HEREBY CERTIFY that the above statements are true to the best of my blowledge

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

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