

Part 2 never received 4/13

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 #: GW41760
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 4-4-07

For Office Use Only:
 Aquifer: _____
 Well #: F-181
 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>Mark Kimmel</u>	Latitude: <u>33° 33' 47.9"</u> Longitude: <u>90° 22' 12.6W"</u>
Mailing Address: <u>706 Robert E. Lee Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenwood MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> Sec <u>35</u> Twn <u>20N</u> Rng <u>2W</u>
Telephone No. (<u>662</u>) <u>453-2361</u>	Distance: <u>5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Itta Bena</u>

Well Data

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

Date well drilling started: 4-4-07 Date well drilling completed: _____

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 4-4-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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): _____

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APR 27 2007
BY: OLWR

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BY: OLWR

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

Note: Kelly Vest Installed Pump.

If well telescopes please sketch below and show depths.

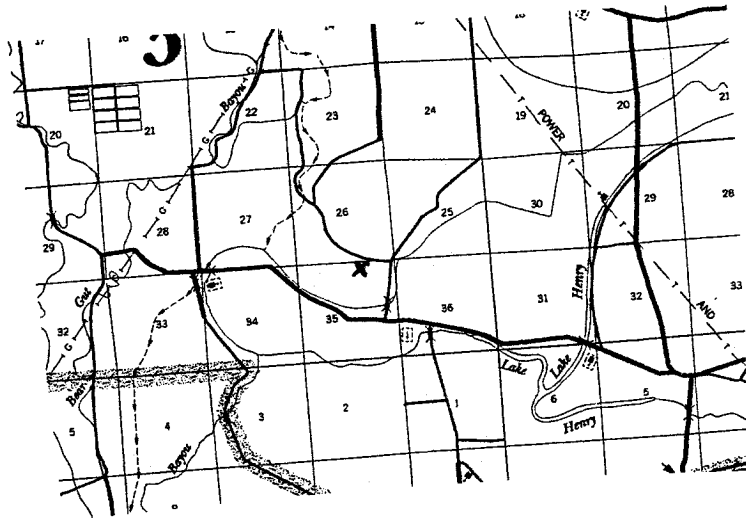
Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand & Gravel	36	49
Med. Sand & Gravel	50	127

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.

Old Well 40'± West



Landowner Name: _____

Patrick M. O
Signature of Water Well Contractor