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MAY 09 2008

County: Leflore  
 Permit #: 0242471  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-30-08

**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:  
 BY: OLWR  
 Well #: F-187  
 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>Bo Prestidge</u>	Latitude: <u>33° 35' 57.7"</u> Longitude: <u>90° 20' 54.4"</u>
Mailing Address: <u>37301 County Rd 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>20N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>S</u> of <u>Schlater</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-30-08 Date well drilling completed: 4-30-08

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 5-6-08

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

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

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): \_\_\_\_\_

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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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay BY: OLWR	0	21
Fine Sand	22	38
Fine Sand + Gravel	39	59
Medium Sand + Gravel	60	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.

Landowner Name: Bo Prestidge

  
 Signature of Water Well Contractor

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BY: OLWR

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 #: 66642471
Irrigation Equipment
Driller:
Date completed: 4-30-08

For Office Use Only:
Aquifer:
Well #: F-187
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information: Owner Name: Bo Prestidge, Mailing Address: 37301 County Rd 523, Schlater Ms. 38952
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4 Sec 13 Twn 20N Rng 2W, Distance: 2 Miles S of Schlater

Pump Type: Jet, Submersible, Turbine
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill
Other (specify):
Date Pump Installed: 5-6-08
Rated Pump Capacity: 2300+ Gallons Per Minute
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 2

Pump Test Data: 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
Method of Measuring Water Level: Circle one, Air Line, Electric Measuring Line, Steel Tape, 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

T 20 N

T 19 N

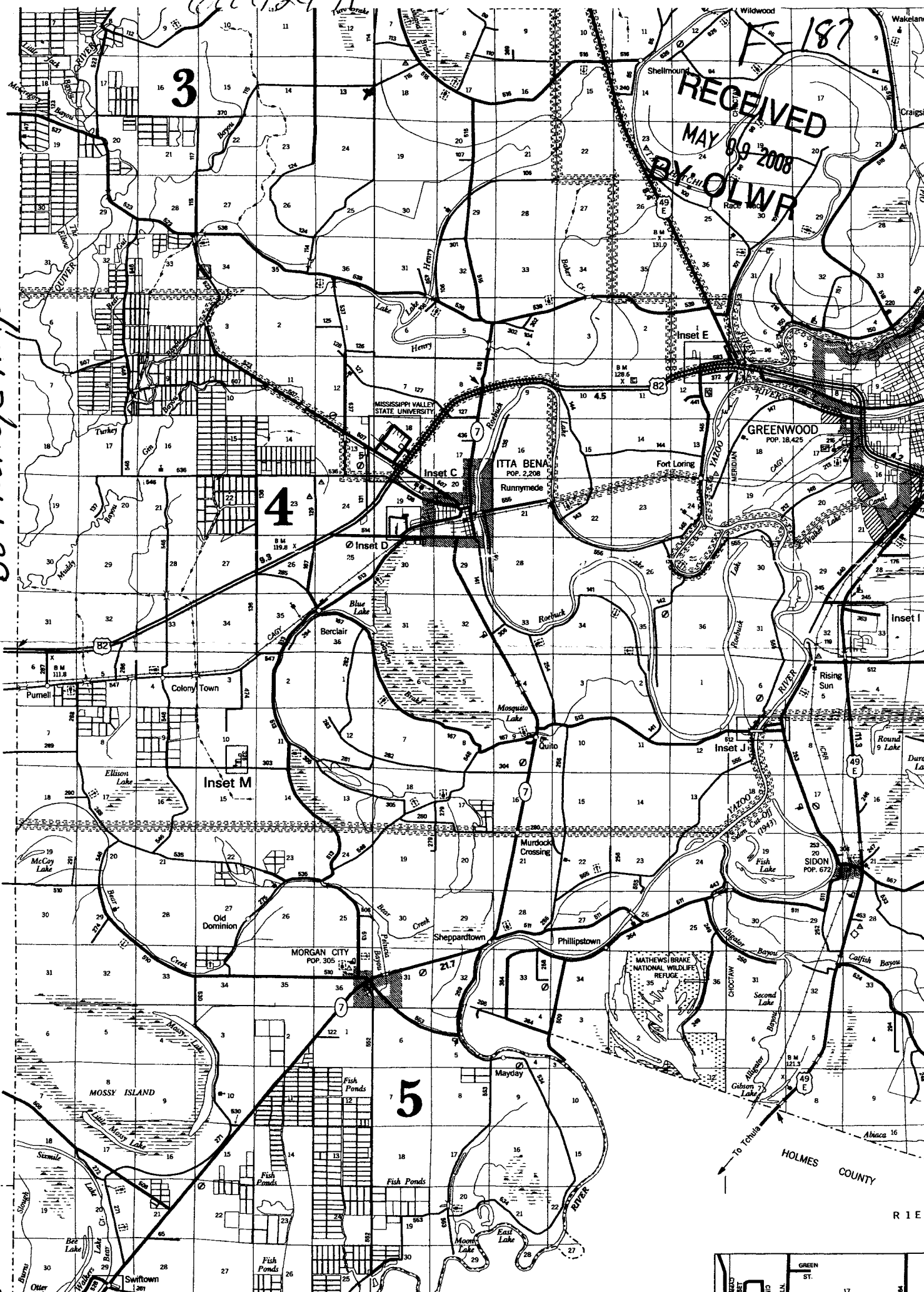
T 18 N

T 17 N

Bo Prestidge Mgp.

SUNFLOWER COUNTY

COUNTY



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 BY OLWR

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3

MISSISSIPPI VALLEY STATE UNIVERSITY

ITTA BENA  
 POP. 2,206

GREENWOOD  
 POP. 18,425

MORGAN CITY  
 POP. 305

SIDON  
 POP. 672

MOSSY ISLAND

MATHEWS BRAKE NATIONAL WILDLIFE REFUGE

HOLMES COUNTY

R I E

