

Part 2 never received 4/13

State Well Report

Part 1

County: Leflore
Permit #: _____
Driller: Willie L. Bryant
Date drilling completed: 6-14-08

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-190
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

Owner Name: William Tackett
Mailing Address: 64324 CR 523
Schlater MS 38952
City State Zip Code
Telephone No.: (662) 299-7584

Well Location

Latitude: 33° 34' 92" N Longitude: 090° 25' 66" W
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, 39
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 20 Twn 20N Rng 2W
Distance 6 Miles Direction SE of Nearest Town Blaine MS

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Gardening
Date well drilling started: 6-14-08 Date well drilling completed: 6-14-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 55 feet above or below (circle one) land surface Date measured: 6-14-08
Method of Measurement (circle one) steel tape electric tape air line other: Roped weight
Hole depth: 120 Well depth: 120' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted
Screen slot size: 0.16 inches Setting depth: From 100 feet to 120 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: 0 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.

Willie L. Bryant 0-639

Print Name of Water Well Contractor and License No.

Willie L. Bryant

Signature of Water Well Contractor

RECEIVED

JUN 30 2008

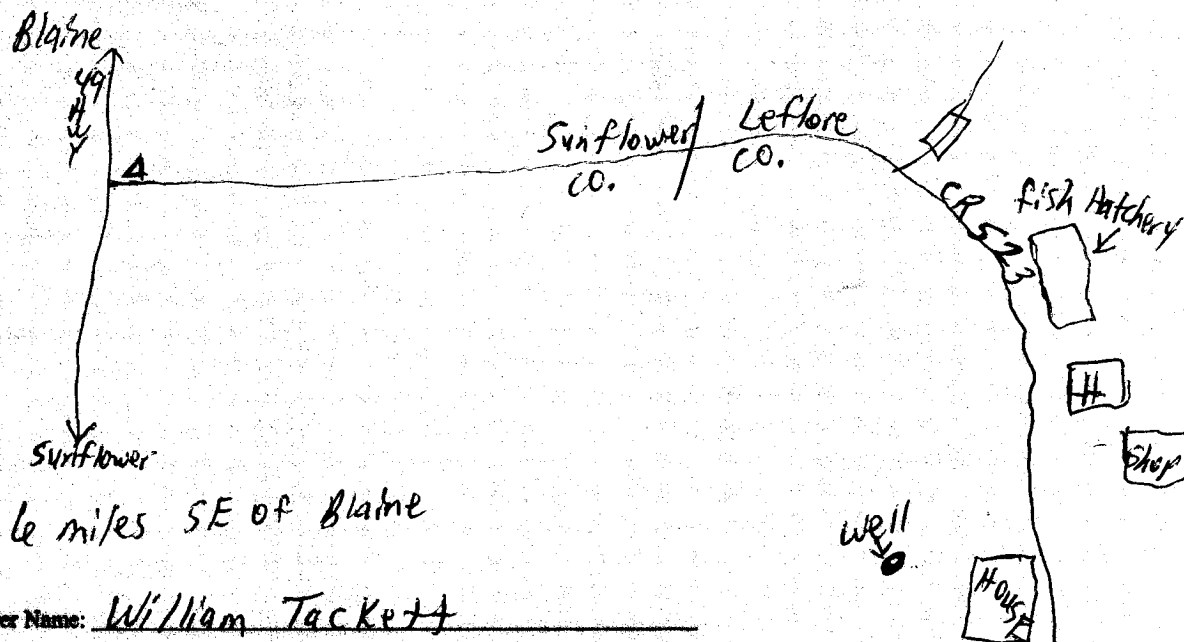
BY: OLWR

F-190

Date	Description
1900	Jan 1 - Balance forward
1901	Jan 1 - Balance forward
1902	Jan 1 - Balance forward
1903	Jan 1 - Balance forward
1904	Jan 1 - Balance forward
1905	Jan 1 - Balance forward
1906	Jan 1 - Balance forward
1907	Jan 1 - Balance forward
1908	Jan 1 - Balance forward
1909	Jan 1 - Balance forward
1910	Jan 1 - Balance forward
1911	Jan 1 - Balance forward
1912	Jan 1 - Balance forward
1913	Jan 1 - Balance forward
1914	Jan 1 - Balance forward
1915	Jan 1 - Balance forward
1916	Jan 1 - Balance forward
1917	Jan 1 - Balance forward
1918	Jan 1 - Balance forward
1919	Jan 1 - Balance forward
1920	Jan 1 - Balance forward
1921	Jan 1 - Balance forward
1922	Jan 1 - Balance forward
1923	Jan 1 - Balance forward
1924	Jan 1 - Balance forward

[illegible]

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.



Willie L. Bryant
Signature of Water Well Contractor

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