

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 #: 60129408
Irrigation Equipment
Driller: _____
Date drilling completed: 11-26-08

For Office Use Only:
Aquifer: _____
Well #: F-200
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>Marlin Jennings</u>	Latitude: <u>33.23.35</u> Longitude: <u>90.24.23</u>
Mailing Address: <u>Box 192</u>	Method of Lat/Long (circle one): <u>36</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater Ms. 38952</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec 9 Twn 20N Rng 2W</u>
Telephone No. <u>662-658-3311</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Schlater</u>

Well Data

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

Date well drilling started: 11-26-08 Date well drilling completed: 11-26-08

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor [Signature]

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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)961-3210
(601)354-6938 (fax)

County: Leflore
 Permit #: 600420048
 Irrigation Equipment
 Driller: _____
 Date completed: 11-26-08

For Office Use Only:

Aquifer: _____
 Well #: F-200
 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	Well Location
Owner Name: <u>Marlin Jennings</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 192</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater Ms. 38952</u>	<u>SE 1/4 SE 1/4 Sec 9 Twn 20N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>663 658-3311</u>	<u>3 Miles SW of Schlatters</u>

Pump Type Circle one	Power Type Circle 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 (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Note: No decision has been made on the type of pump to be installed. Customer is in negotiations with power company.

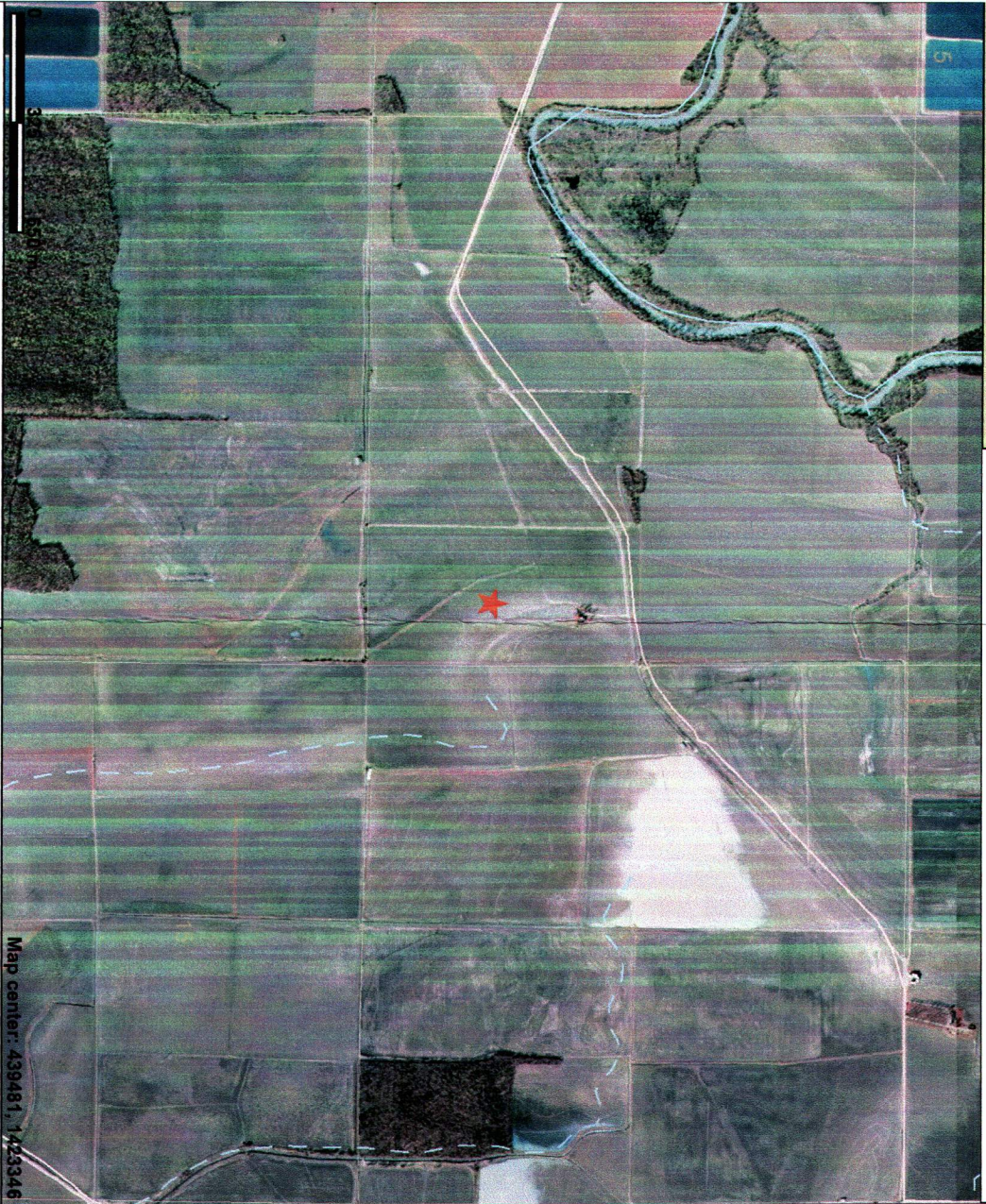
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F-200

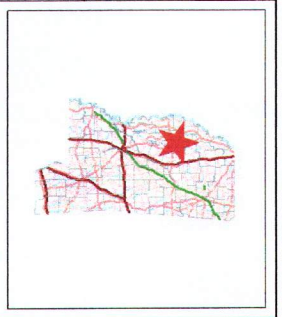
MARIS
Online Maps

Marlin Jennings



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

Map center: 439481, 1423346



Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US / State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inundated areas
- Marsh or swamp
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)

Scale: 1:17,836



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