County:	Leflo	ore	
Permit For Irrig	W41 ation	59 9 Equip	ment
Date drillin	g completed:	3-7-	-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: F215			
Well #: 0 - 150			
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 River Bend Plantation	Latitude:°' Longitude:°'			
Mailing Address: Box 10	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Schlater MS 38952	SW 1/4 SEE 1/4 Sec 3/4 Twn 2/1 Rng 2W 7.00 2 7.00			
City State Zip Code	NW NW 2 ZON Distance Direction Nearest Town			
•	2 Miles West of Schlater			
Telephone No. ()				
Well I	Data .			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other			
•				
Date well drilling started: $3-7-07$ Date w	well drilling completed: 3-7-07			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:48' feet above or below (circle one) l	and surface Date measured: 3-8-07			
Method of Measurement (circle one) teel tape electric tape	air line other:			
Hole depth: 117 Well depth: 117	Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 77 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 _	78feet_to117feet			
Type of completion (circle all applicable): Gravel packed Under	reamed 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):	accordance with all annicable requirements of the Mississinni			
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.				
-	hai chicut of Lichigi Leguiations and State 1942.			
Irrigation Equipment Inc. Patrick M. Chism 0695	lated M. Q			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

RECEIVED

MAR 3 0 2007

BY: OLWR

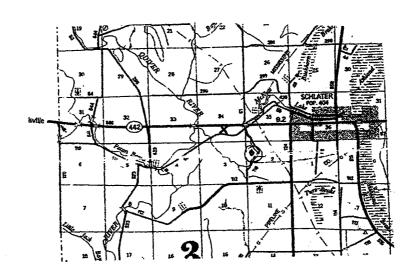
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand	26	35
Fine Sand Coarse Sand	36	65
Coarse Sand/gravel Coarse Sand/gravel/rock	66	95
Coarse Sand/gravel/rock		105
Coarse Sand	106	117
	 	
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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.



Landowner Name:		

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Leflore

Irrigation Equipment

Pennit#: 6W 415

County:

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

For Office Use Only:			
Aquifer:	F215		
Well#:	150		
Elevation:			

Date completed:	3-7-07		54-6938 (fax)	Elevation:	
This report		y the pump installer in de	ail and filed with the Dep	partment within 30 da	rys of time
	Well Owner Infor	mation	1	Well Location	
Owner Name:	River Bend	Plantation	Latitude:	Longitude:	
Mailing Address	E Box 10		Method of Lat/Long (ci	ircle one): Convention	al Survey,
	-	**	USGS guad	, Hand-held GPS, Sur	rvev-grade GPS
	Schlater	MS 38952		•	
	City Sta	te Zip Code	NW 4 NW 4 S	20 Nearest To	† Ma
Telephone No. ()			t of Schla	•
	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):	B-11
Other (specify):			Horse Power Rating of	Motor: 60	· · · · · · · · · · · · · · · · · · ·
Date Pump Insta	illed:	3-8-07	Setting Depth:	70	feet
		+ Gallons Per Minute	Number of Stages:	1	_
Deta Well Tests	Pump Test D		Method	l of Measuring Water Circle one	· Level
	d:		Air Line Electr	nic Measuring Line	Steel Tape
Static Water Level (A):Feet Below Land Surface		Other (specify):			
Pumping Water	Level (B):F	eet Below Land Surface			
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, mean	arred shut in head:	feet	
Test Pumping R	ate:	Gallons Per Minute	Well yielded	GPM with a	drawdown of
Duration of Pun	ap Test (minimum 4 hou	urs):hours	feet	after 1	hours of pumping
			<u></u>		was 60 for 11 //

I HEREBY CERTIFY that the above statements are true to the best of	my kanwieliee /	RECEIVE
Patrick M. Chism 0695	Path M Q	MAR 3 0 2007
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	BY-CHA S