

**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: _____
Well #: J132
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 42564
Irrigation Equipment
Driller: _____
Date drilling completed: 6-14-08

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: Bo Prestidge
Mailing Address: 37301 County Rd 523
Schlater Ms. 38952
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 33.30.25.9 Longitude: 90.21.79.4
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 13 Twn 19N Rng 2W
Distance Direction Nearest Town
2 Miles W of Itta Bena

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
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: 43 feet above of below (circle one) land surface Date measured: 6-16-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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 hereby 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 law.
Irrigation Equipment Inc
Patrick M. Chism 0695

RECEIVED
Patrick M. Chism
Signature of Water Well Contractor
JUN 20 2008

Print Name of Water Well Contractor and License No. _____

YMD JOINT WATER
MANAGEMENT DISTRICT

42564

State Well Report

Part 1

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Office of Land and Water Resources
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(601)354-6938 (fax)

For Office Use Only:

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Well #: J-132
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 2042564
Irrigation Equipment
Driller: _____
Date drilling completed: 6-14-08

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>33.30.25.9</u> Longitude: <u>90.21.79.4</u>
Mailing Address: <u>37301 County Rd 523</u>	Method of Lat/Long (circle one): <u>26</u> Conventional Survey, <u>79</u>
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 13</u> Twn <u>19N</u> Rng <u>2W</u>
Telephone No. ()	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Itta Bena</u>

Well Data

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

Date well drilling started: 6-14-08 Date well drilling completed: 6-14-08

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

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

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Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From _____ feet to See back 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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JUN 19 2008
BY: OLWF

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: Lefflore
 Permit #: 61042564
 Irrigation Equipment
 Driller:
 Date completed: 6-14-08

For Office Use Only:

Aquifer:
 Well #: J-132
 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.

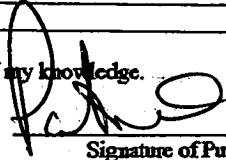
Well Owner Information	Well Location
Owner Name: <u>Bo Prestidge</u> Mailing Address: <u>37301 County Rd 523</u> <u>Schlater Ms. 38952</u> <small>City State Zip Code</small> Telephone No. ()	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 13 Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>2 Miles W of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-16-08</u> Rated Pump Capacity: <u>1800±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	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

RECEIVED

JUN 19 2008
 BY: OLWR

Flow 2/23/04

JF 132

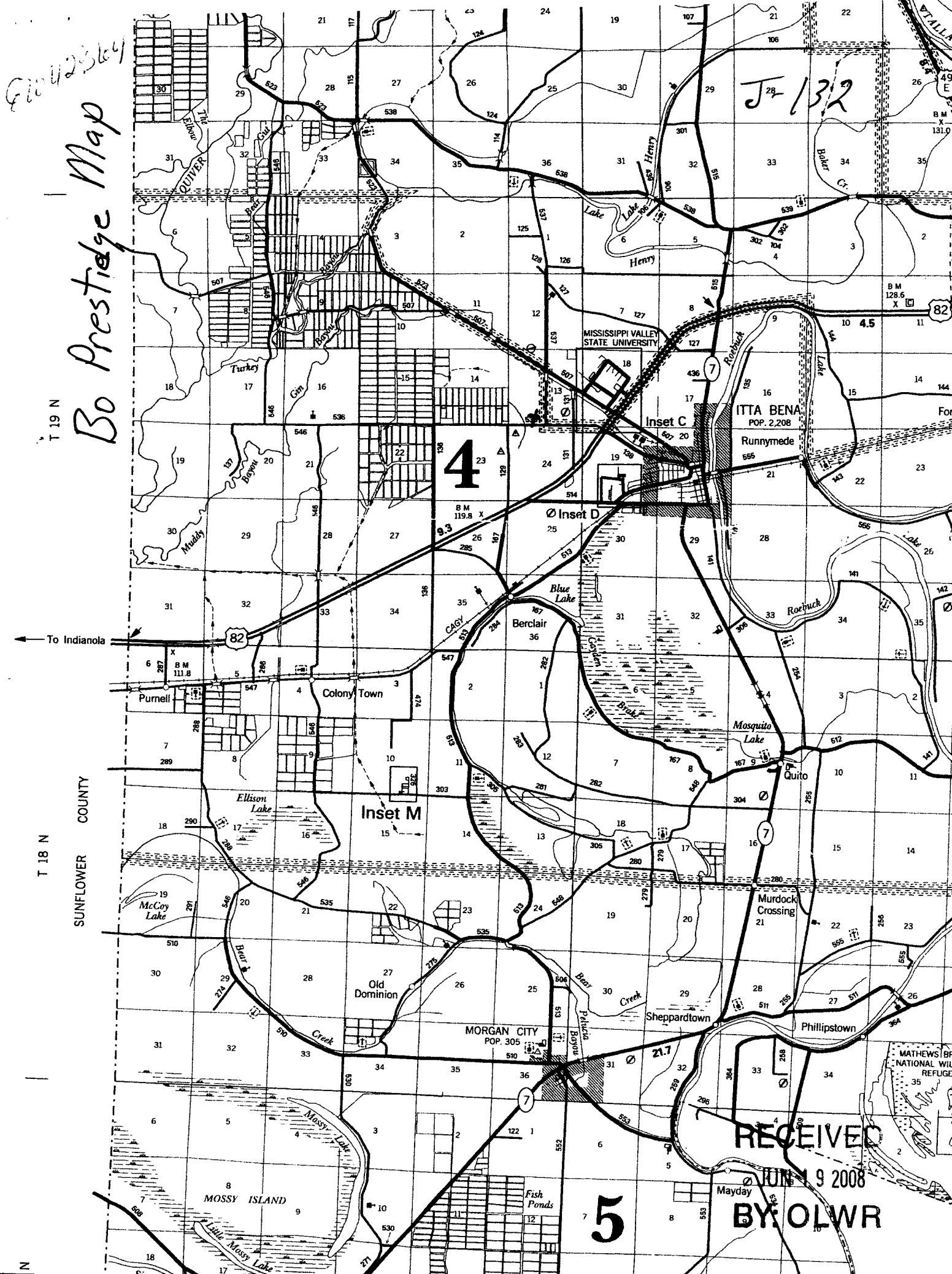
Bo Prestige Map

T 19 N

T 18 N

SUNFLOWER COUNTY

To Indianola



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 BY: OLWR