| 1 01 |) · State A | veli Keport | | | | |
|---|---|--|-------------------------------------|--|--|--|
| County: Let pre | Part 1 | | For Office Use Only: | | | |
| 1050 | Mississippi Department of Environmental Quality | | Aquifer: | | | |
| Pennit#: Ud > U V | Office of Land and Water Resources | | 1127 | | | |
| Irrigation Equipment | P.O. Box 10631 | | Well #: | | | |
| D. 175 - 6241-08 | Jackson, MS 39289-0631 | | L. S. Elevation: | | | |
| Date drilling completed: 674-08 | (601)961-5210 | | / | | | |
| (601)354-6938 (fax) | | E-log #: | | | | |
| State Law requires that this repo 30 days of completion of drilling | ort be prepared by the | driller in detail and filed w | ith the Department within | | | |
| Well Owner Informa | | 777.90 | | | | |
| Owner Name Bo Prestidge | | Well Location Latitude: 33. 30.25.9 Longitude: 90.21.79.4 | | | | |
| Mailing Address: 37301 County RJ 523 | | Method of Lat/Long (circle one): Conventional Survey, | | | | |
| | | USGS quad, Hand-held | GPS, Survey-grade GPS | | | |
| Schlater M. | s. 38952 | 5E 45W4 Soc 13 | _Twn_19N_Rng_2W | | | |
| City State | | Distance Direction | Nearest Town | | | |
| Telephone No. () | | | Nearest Town Beng | | | |
| Telephone No. | | , | · | | | |
| | Well I |)ata | | | | |
| Purpose of Well (circle one) Home Indu | - 0 | | Other: | | | |
| | | vell drilling completed: | -14-08 | | | |
| If flowing, method of flow regulation: Valve | eOther (de | escribe) | | | | |
| Static Water Level: 43 feet abo | ve of below/(circle one) la | and surface Date measured:_ | 6-16-08 | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | | | |
| Hole depth: 16 Well depth: 16 Well grouted to a depth of 10 feet | | | | | | |
| Type of grout (circle one): Cement Bentonite Mix | | | | | | |
| | diameter. 16 | | | | | |
| Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC | | | | | | |
| Screen stot size: 1050 inches Setting depth: From feet to feet | | | | | | |
| | | earned Telescoped Open h | ole Natural Development | | | |
| fop of lap pipe or reduction in casing: | Other (describe): | | | | | |
| ogs run (circle all applicable) No log run | | Scoped or more than one scree | | | | |
| lame of organization running log(s): | Ziootio Gainna Ray | Density Some Neuron C | disci. | | | |
| certify that the well was drilled, construc | ted, and completed in ac | cordance with all applicable r | equirements of the Maistre 1 | | | |
| Department of Environmental Quality and Irrigation Equipment | Vor the Mississinni Den: | 1 | | | | |
| Patrick M. Chism | 0695 | - rabo | JUN 2 0 2008 | | | |
| rint Name of Water Well Contractor and Lic | cense No. | Signature of V | Vater Well Contractor | | | |
| 12564 | | | YMD JOINT WATER MANAGEMENT DISTRICT | | | |

State Well Report
Part 1

| | State V | Vell Report | | | | | |
|--|--|---|-----------------------------|--|--|--|--|
| county: Leflore |] | For Office Use Only: | | | | | |
| P-14 (201125/11) | Mississippi Departmen | Aquifer: | | | | | |
| Irrigation Equipment | Office of Land | Well #: J - 132 | | | | | |
| | P.O. Box 10631 Jackson, MS 39289-0631 | | L. S. Elevation: | | | | |
| Date drilling completed: 6 74-08 | (601)961-5210 | | L. J. Lavation | | | | |
| | (601)35 | 4-6938 (fax) | 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 Informa | | Well | Location | | | | |
| Owner Name Bo Prest | . / | Latitude: 33.30.25.9 Longitude: 90.21.79.4 Method of Lat/Long (circle one): Conventional Survey, | | | | | |
| Mailing Address: 37301 Coun | ty Rd 523 | Method of Lat/Long (circle on | e): Conventional Survey, 79 | | | | |
| | | USGS quad, Hand-held | | | | | |
| Schlater Mi | ls. 38952 | 5E 1/5 W/ Sec 13 | _ Twn <u> </u> | | | | |
| City State | | Distance Direction | Nearest Town of 1779 Beng | | | | |
| Telephone No. () | · | IVIIICS | <u> </u> | | | | |
| , = | Well I | Data | | | | | |
| Purpose of Well (circle one) Home Indu | strial Public Supply | (Irrigation) Fish Culture | Other: | | | | |
| Date well drilling started: 6-14 | -08 Date w | vell drilling completed: | | | | | |
| | | | - | | | | |
| If flowing, method of flow regulation: Valve Other (describe) Static Water Level: 6-16-08 | | | | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | | | | |
| Hole depth: 16 Well depth: 16 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: <u>1050</u> inches Setting depth: Fromfeet tofeet | | | | | | | |
| 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 tek | scoped or more than one scree | n, 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 | Y.M.S | | | | | |
| Print Name of Water Well Contractor and Lie | cense No. | Signature of W | Jater Well Contractor | | | | |

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If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|--|--|--|
| C/qy | 0 | 37 |
| Course Sand | 38 | 147 |
| Course Sand + Gravel Fine Sand + Gravel Course Sand + Gravel | 48 | 93 |
| Fine Sand. | 94 | 103 |
| Course Sand & Gravel | 104 | 116 |
| | | |
| | | |
| Screen . OSD | | |
| | | |
| (74 - 93) 20' | | |
| | | |
| (104-116) 131 | - | |
| CIOTA TO | | |
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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. | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

Landowner Name

Bo Prestidge

Signature of Water Well Contractor

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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

Permit#: 🗸

Irrigation

Equipment

Jackson, MS 39289-0631

| For Office Use Only: | | | | |
|----------------------|----|-----|--|--|
| Aquifer: | | | | |
| Well #: | J- | 132 | | |
| Elevation | ı: | | | |

| Date completed: 67408 | | 1)961-5210 554-6938 (fax) Elevation: | | | |
|---|-----------------------------|---|----------------------------------|---------------------|----|
| This report should be prepared by fi | ie pump installer in det: | ul and filed with the Dep | artment within 30 d | ays of the | |
| installation of pump. Well Owner Informat | | | | | |
| Well Owner Informat | tion | | Well Location | | |
| Owner Name: Bo Prestida | Latitude: | | | | |
| Mailing Address: 37301 Coun | J D1 522 | Laumoe: | Longitude: | | |
| Mailing Address: 0/30/ Coun | ry na 323 | Method of Lat/Long (cir | rele one): Convention | nal Survey, | |
| 6 11 1 100 | | USGS quad, | Hand-held GPS, Su | rvey-grade GPS | |
| Schlater Ms City State | 5. <u>58952</u> Zip Code | SE 45W4 So | x /3 Twn /9 | N _{Rng} 2W | |
| | | Distance Direct | tion Nearest To | own . | |
| Telephone No. () | | 2 Miles L | ノ of <u>Iサカ</u> | Beng | |
| Pump Type | | | | | |
| Circle one | | | Power Type Circle one | | |
| Air Lift Jet | Submersible | Diesel Engine G | asoline Engine | Natural Gas | |
| Bucket Piston | Turbine | Electric Motor H | land . | Tractor PTO | |
| Centrifugal Rotary | Flowing Well | | Other (specify): | | |
| Other (specify): | | Horse Power Rating of M | viotor: 4 | 0 | |
| Date Pump Installed: 67/6-0 | | Setting Depth: | 70 | _fect | |
| Rated Pump Capacity: 1800^{\pm} | Gallons Per Minute | Number of Stages: | 2 | | |
| Pump Test Data | | 36.6.1 | | | |
| _ | | Mediod o | of Measuring Water Circle one | Level | |
| Date Well Tested: | j | Air Line Electric | : Measuring Line | Steel Tape | |
| Static Water Level (A):Feet B | Below Land Surface | , | • | • | |
| Pumping Water Level (B):Feet B | elow Land Surface | Other (specify): | : | | |
| Drawdown [(B) - (A)]:Feet B | clow Land Surface | For flowing well, measure | ed shut in head: | feet | |
| Test Pumping Rate: | Sallons Per Minute | Well yielded | GPM with a | drawdown of | |
| Duration of Pump Test (minimum 4 hours): _ | hours | fect afi | terh | ours of pumping | |
| | | Δ | | | |
| I HEREBY CERTIFY that the above statemen | nts are true to the best of | ny knowledge. | المحاري والحجر | | |
| | | | • | **** | |
| Patrick M. Chism Print Name of Pump Installer and License No. | 0695 | # CM | - T-stalle- | RECEIVI | EL |
| | · /- abbreauc) | V Signature of Pure | AD MISIZINCT | 1 | |

JUN 1 9 2008

BY: OLWR

