County:	Leflo	ore	
Permit #: _ Irriga Driller:	405 ation	79 Equip	ment
Date drilling	completed:	8-10	-05

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 #: <u>L-293</u>
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 E.T. Goodman	Latitude: "Longitude: ""		
Mailing Address: Box 2428	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	NE 1/4 NE 1/4 Sec 17 Twn 19N Rng 2E		
Greenwood, MS 38930	Win_ King		
City State Zip Code	Distance Direction Nearest Town		
662-453-7575 Telephone No. ()	3 Miles East of Greenwood		
100phone 140. (
Well I	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Trigation Fish Culture Other:		
Date well drilling started: 8-10-05 Date w	well drilling completed: 8-10-05		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 17' feet above of below (circle one) 1	and surface Date measured: 8-15-05		
Method of Measurement (circle one) sixel tape electric tape	air line other:		
Hole depth:106' Well depth:106'	Well grouted to a depth offect		
Type of grout (circle one): Cement Entonite Mix			
Casing length: 66 feet Casing diameter: 10	inches Type of casing: PVC		
Screen length: 40 feet Screen diameter: 10			
Screen slot size: inches Setting depth: From			
Type of completion (circle all applicable): Oravel packed Under	reamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a	occordance with all applicable requirements of the Mississippi		
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.		
Irrigation Equipment Inc.			
Patrick M. Chism 0695	Vatrick W/Chim		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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AUG 2 3 2005

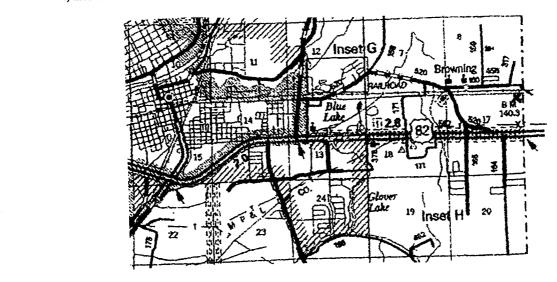
BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clay Fine Sand	0	28
Fine Sand	29	58
Med. Sand/gravel	59	101
Clay	102	106
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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:	
Landowiici Namic.	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Leflore **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources Irrigation Equipment P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
Well #: <u>L - 293</u>		
Elevation:		

Date completed:	(601)961-5210 (601)354-6938 (fax)		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: E.T. Goodman			Longitude:		
Mailing Address: Box 2428		Method of Lat/Long (circle one): Conventional Survey,			
Greenwood, MS 38930 City State Zip Code 662-453-7575 Telephone No. ()		USGS quad, Hand-held GPS, Survey-grade GPS			
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Bucket Piston	Turbine	Elestric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):		Horse Power Rating of Motor: 7½			
Date Pump Installed:8 - 15 - 05		Setting Depth:	50 feet		
Rated Pump Capacity: 350	_Gallons Per Minute	Number of Stages:1			
Pump Test Data			asuring Water Level ircle one		
Date Well Tested:Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		Air Line Electric Meas Other (specify):	suring Line Steel Tape		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	ut in head:feet		
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours		feet after	hours of pumping		
I HEREBY CERTIFY that the above staten Patrick M. Chism 06 Print Name of Pump Installer and License 1	95	of my Mayledge. Patrick M Signature of Pump Ins	Chai		

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AUG 2 3 2005 BY: OLWR