County:	Leflore
Permit#.	w-41024 gation Equipment
Driller:	4-25-06
Date drilli	ng completed: 4-25-06

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 #: M ~ 109	
L. S. Elevation:	
E-log #:	

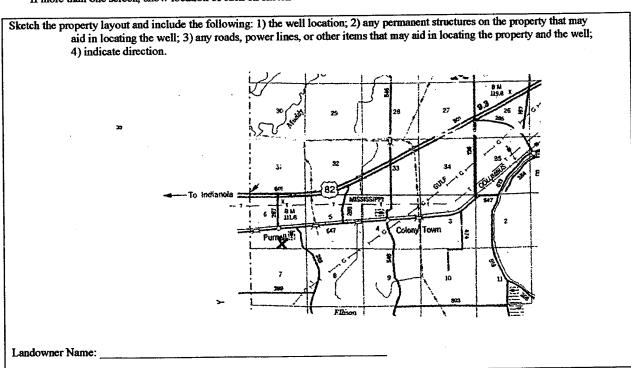
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drilling of the well.	XX/ III T 42			
Well Owner Information	Well Location			
Owner Name_ Bear Creek Fisheries	Latitude: 33. 27. 00. 2000 26.31.3			
Mailing Address: Box 646	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Moorhead, MS 38761	SW 1/4 SE 1/4 Sec 6 Twn 18N Rng 2W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (662-246-5602	2 Miles West of Colony Town			
Well I	Data Data 200			
Well I				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other Replacement			
Date well drilling started: $4-25-06$ Date well drilling completed: $4-25-06$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above on below (circle one) land surface Date measured:4-26-06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 134' Well depth: 134' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 94 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: inches Setting depth: From _	95 <u>feet to 134</u> <u>feet</u>			
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):				
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				

Ground Level

Description of Formations Encountered	From_	То
Clav	0	37
Fine Sand/gravel Med. Sand/gravel	38	48
Med. Sand/gravel	49	134
rica: bana/graver		
	\vdash	\vdash
	 	\vdash
		$\vdash \vdash$
		\vdash
	 	1
	ļ	├─┤
	└ ──	——
	ļ	ļl
		T
		\vdash
	\vdash	1-1
	╂╌──	+-1
		+1
	┼─	+-
	↓	
	ļ	4
		ļ
	1	$oldsymbol{\perp}$

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

County: Leflore 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 Permit #6W 41024 Irrigation Equipment Driller:

For Office Use Only:
Aquifer:
Well #: M - 109
Elevation:

Date completed:	(601)961-5210 (601)354-6938 (fax)			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: Bear Creek Fisheries	Latitude: Longitude:			
Mailing Address: Box 646	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Moorhead MS 38761	SW 1/4 SE 1/4 Sec 6 T 18NR 2W			
City State Zip Code	Distance Direction Nearest Town			
662-246-5602 Telephone No. ()				
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: 40			
Date Pump Installed: 4-26-06	Setting Depth: 70 feet			
Rated Pump Capacity: 1800 Gallons Per Minut	te Number of Stages: 2			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape ce Other (specify):			
Drawdown [(B) – (A)]: Feet Below Land Surfa				
Test Pumping Rate: Gallons Per Minut				
Duration of Pump Test (minimum 4 hours):hour	s <u>feet after</u> hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my crowledge. Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1E				

RECEIVED

MAY 0 4 2006

BY: OLWR