State Well Report Permit #: 6w-39879 Office of Land and Water Resources Prigation Equipment, Onc. Private Well Report Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 For Office Use Only: Well #: V-100		
Date drilling completed: 12-16-04 Jackson, M (601)	Sox 10631 IS 39289-0631 L. S. Elevation: 961-5210 4-6938 (fax) B-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	•	
Well Owner Information	Well Location	
Owner Name David Howard	Latitude:°" Longitude:°"	
Mailing Address: 59324 County Road 555	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Sidon, MS 38945	NE 14 SW 14 Sec 13 Twn 18N Rng 1W	
City State Zip Code 662-453-4286 Telephone No. ()	Distance Direction Nearest Town 4 Miles NW of Sidon	
Well		
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture Other: Replacement	
Date well drilling started: 12-16-04 Date	well drilling completed: 12-16-04	
If flowing, method of flow regulation: Valve Other (e	describe)	
Static Water Level: 15' feet above of below (circle one)	land surface Date measured: 12-20-04	
Method of Measurement (circle one) steel tape electric tape		
Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 70 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:		
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 De	epartment of Health regulations and state laws.	
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M Chin	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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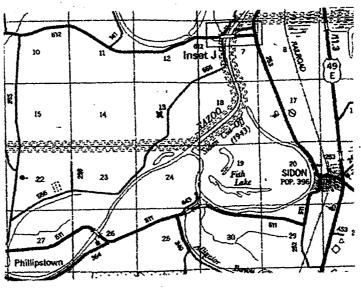
BYOLWR

Grou	mđ	Le	vel
OLUL	ши	1.5	YCI

Description of Formations Encountered	From	To
Clay Fine Sand	0.	29 55
Fine Sand	30	55
Fine Sand/gravel	56	60
Med. Sand/gravel	61	90
Fine Sand	91	9.7
Med. Sand/gravel	98	110
Screen 63-90		
Screen 99-110		1
		lacksquare
·		
		1
	1	

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: _

David Howard

Vanda IV Marie Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Leflore

County:

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

For Office Use Only:	
Aquifer:	
Well #: N-/00	
Elevation:	

Irrigation Equipment Driller: Date completed: 12-20-04	Jackson, (60)	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Well #://	
This report should be prepared by installation of pump.	the pump installer in det	ail and filed with the Department within 30 days of the	
Well Owner Inform		Well Location	
Owner Name: David Howard	l	Latitude:Longitude:	
Mailing Address: 59324 Count		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS	
Sidon, MS	38945	NE 1/4 SW 1/4 Sec 13 Twn 18N Rng 1W	
	Zip Code	Distance Direction Nearest Town	
Telephone No. (56 	4 Miles NW of Sidon	
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	
Contrifugal Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):		Horse Power Rating of Motor: 200	
Date Pump Installed: 12-20-0) 4	Setting Depth: 60 feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:3	
Pump Test Dat		Method of Measuring Water Level Circle one	
Date Well Tested:		Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): 15 'Fe	et Below Land Surface	Other (specify):	
Pumping Water Level (B):Fee	et Below Land Surface	Outer (specify).	
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute W		Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours	s): hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above state	ements are true to the best of	of my knowledge.	

I HEREBY CERTIFY that the above statements are true to the best	st of my knowledge.
Patrick M. Chism 0695	Tatuch M Chian
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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BY: OLWR