eflore	1
gation Equipment]
a drilling completed: 5-30-06	
3-30-06	

State	Well	Repor
-------	------	-------

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 #:	12
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.

Time well,	Debuttinent Altilio
Well Owner Information	Wall I
Owner Name D & T Farms	Well Location
Mailing Address: 24388 Hwy. 7 South	Latitude: 33 •27 •00 •2 Longitude: 90 •16 •15 •
	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Itta Bena MS 38941	SE 4 SW 4 Sec 2 Twn 18N Rng 1W
Telephone No. 662-254-9548	Distance Direction Nearest Town 2 Miles East of Quito
Well	Data
Purpose of Well (circle one) Home	
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 5-30-06	
of the state of the tegulation: Valve	
Static Water Level: 26' feet above or below (circle one) is Method of Measurement (circle one)	oscillos)
Method of Measurement (circle one) steel tape electric tape	and surface Date measured: $5-30-06$
Sicci lind cleaning to	•
Hole depth: 124 Well depth: 124	To the
Hole depth: 124 Well depth: 124 Type of grout (circle one): Cement Bentonite Mix	Well grouted to a depth of 10 feet
Casing length: 84 feet Casing diameter: 16	
Screen length: 40	inches Type of casing: PVC_Sch_40
Screen length: 40 feet Screen dinmeter: 16 Screen slot size:	inches Type of screen: DVC Call 40
Comment of the second s	
Type of completion (circle all applicable): Gravel packed Underres	lect to 124 feet
Underner	amed Telescoped Open hole Natural Development
Other (describe):	· ·
Top of lap pipe or reduction in casing:	
Top of lap pipe or reduction in casing:feet. If telesc	coped or more than one screen, describe on back of page
Electric Gamma Ray	Density Sonic Neutron Other
Name of organization running log(s):	Other.
I certify that the well was drilled, constructed, and completed in according to the Mississippi Department of Environmental Quality and/or the Mississippi Department	ordance with all coaling to
Department of Environmental Quality and/or the Mississippi Depart Irrigation Equipment Inc.	ment of Health ment of
Irrigation Equipment Inc. Patrick M. Chism 0695	regulations and state laws.
Print Name of Water Well Contractor and License No.	- taket MCL
The Discuse IVO.	Signature of Water Well Contractor

41114

RECEIVED

JUN 22 2006

YMD JOINT WATER MANAGEMENT DISTRICT

County: Leflore Permit#: C 41114 Irrigation Equipment Drille:
Date drilling completed: $5-30-06$

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:			
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 D & T Farms	Latitude: 33 •27 •00. 2 Longitude: 90 •16 •15. 1		
Mailing Address: 24388 Hwy. 7 South	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	SE 4 8W 4 Sec 2 Twn 18N Rng 1W		
Itta Bena MS 38941			
City State Zip Code	Distance Direction Nearest Town 2 Miles East of Quito		
Telephone No. (662-254-9548	2 Miles East of Quito		
Well I	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: 5-30-06 Date v	well drilling completed: 5-30-06		
If flowing, method of flow regulation: Valve Other (d	lescribe)		
Static Water Level: 26 feet above or below (circle one)	land surface Date measured: 5-30-06		
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 124 Well depth: 124	Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 84 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:	5 feet to 124 feet		
Type of completion (circle all applicable): Gravel packed Under	rreamed 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	- Katus M Chr.		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

JUN 1 5 2006

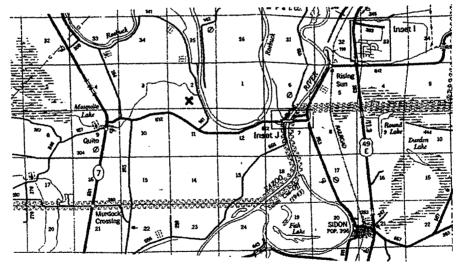
BY: OLWR

Ground Level

Desc	ription of Formations Encountered	From	To
Clay		0	19
Fine	Sand Sand/gravel	20	35
Fine	Sand/gravel	.36	75
Med.	Sand/gravel	76	124
			\square
			\square
			
			1
		<u> </u>	
			\vdash
			├
			1
			+
			+-
			+-
	· · · · · · · · · · · · · · · · · · ·		+-
<u> </u>			1
			╁═┤
<u> </u>			+-
			$+$ \dashv
L			

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:	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Leflore

Permit #: 66 41114

County: ___

Pump Installer's Completion Report Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:			
Aquifer:	•		
Well #:	N-112		
Elevation:			

Irrigation Driller: Date completed: 5-3 Copy information from bla	30-06	nt Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Well #:
report must be attached	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.			
	l Owner Informati	on	Well	Location
Owner Name: D 8	T Farms		Latitude:	Longitude:
Mailing Address: 24388 Hwy.7 South			Method of Lat/Long (check on	e): Conventional Survey,
				GPS, Survey-grade GPS T18N_R1W Nearest Town fQuito
Pump Type Circle one				wer Type ircle one
Air Lift	Jet	Submersible	Viesel Engine Gasolin	e 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	
Date Pump Installed:			Setting Depth: 70	feet
Rated Pump Capacity: 2500-300 Gallons Per Minute Number of Stages: 1			<u> </u>	
	Pump Test Data			asuring Water Level
Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Other (specify): Other (specify):				
Drawdown [(B) - (A)]:	Feet	Below Land Surface	For flowing well, measured st	nut in head:feet
Test Pumping Rate:	···	Gallons Per Minute	Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours 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				

JUN 1 5 2006 BY: OLWR