Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Signature of Water Well Contractor

0695

Irrigation Equipment Inc.

Patrick M. Chism

Print Name of Water Well Contractor and License No.

4/353

State V	Well Report  For Office Use Only:			
County,	Part 1			
Mississippi Departme	ent of Environmental Quality   Aquifer:			
Two continues to	and Water Resources Box 10631  Well #:   W- // 4			
Driller:	MS 39289-0631 L. S. Elevation:			
Date drilling completed: (60)	1)961-5210			
(601)3	54-6938 (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 Information	Well Location			
Owner Name Ronnie Moss	33 23 44.5 90 15 58.6W Latitude: "Longitude: "  Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 2 Pemberton Circle	Method of Lat/Long (circle one): Conventional Survey,			
•	USGS quad, Hand-held GPS, Survey-grade GPS			
Greenwood MS 38930	NE SE N Sec 26 Twn 18N Rng 1W			
City State Zip Code  662-453-0309  Telephone No. ()	Distance Direction Nearest Town 3 Miles West of Sidon			
Wel	Data			
Purpose of Well (circle one) Home Industrial Public Supply rrigation Fish Culture Other:				
Date well drilling started: 10-9-06 Date well drilling completed: 10-9-06				
If flowing, method of flow regulation: Valve Other	(describe)			
Static Water Level:25'feet above or felow (circle one)	land surface Date measured: 10-10-06			
Method of Measurement (circle one) steel tape electric tap	e air line other:			
Hole depth: 115 Well depth: 115	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix	4			
Casing length: 75 feet Casing diameter. 10	inches Type of casing: PVC 160			
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC 160			
Screen slot size: 050 inches Setting depth: From	feet to 115 feet			
Type of completion (circle all applicable): Gravel packed Under	erreamed 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 Mississinni 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 EIVED

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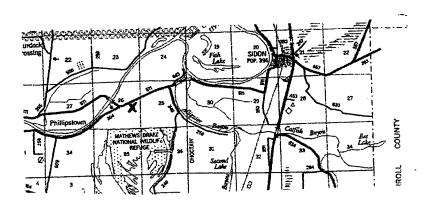
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	19
Fine Cand	20	35
Fine Sand/gravel	36	55
Fine Sand/gravel Med. Sand/gravel Clay	56	112
Clay	1113	115
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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:			
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Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

(601)354-6938 (fax)

County: Leflore Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit#: 6W 4/353
Irrigation Equipment Office of Land and Water Resources P.O. Box 10631 Driller: Jackson, MS 39289-0631 Date completed: 10-9-06(601)961-5210

For Office Use Only: Aquifer: Well #: Elevation:

Copy information from block on Part 1

report must be attached and both parts filed with the Department Well Owner Information	Well Location		
Owner Name: Ronnie Moss	Latitude: Longitude:		
Mailing Address: 2 Pemberton Circle	Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS		
Greenwood MS 38930 City State Zip Code  662-453-0309  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: 30		
Date Pump Installed: 10-10-06	Setting Depth: 70 feet		
Lated Pump Capacity: 1150 Gallons Per Minute	Number of Stages:1		
> Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:	A T Challen		
tatic Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify):		
Static Water Level (A):Feet Below Land Surface			
Date Well Tested:  Static Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface			

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	Patrik In Chr	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	BECEIVEL
		Form: OLWR-SWR-1B

OCT 2 3 2006 BY: OLWR