State W	ell Report For Office Use Only:				
	art 1				
Mississippi Department	of Environmental Quality Aquifer:				
	nd Water Resources ox 10631  Well #:				
Driller: Tackson M	S 39289-0631 L. S. Elevation:				
Date drings of the second seco	961-5210				
(601)354	L-6938 (fax) E-log #:				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within				
Well Owner Information	Well Location				
Owner Name J. MMY Patridge	Latitude: 33 . 23 . 00, 1 90 . 20 , 23.9				
Mailing Address: Box 223	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
M. 001 C. F. MS 28946	5W 1/4 NE 1/4 Sec 31 Twn 18N Rng 1W				
Morgan City MS 38946 City State Zip Code	Distance Direction Nearest Town  Miles East of Morgan C. ty				
Telephone No. ()					
Well	Data				
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture Other:				
Date well drilling started: 4-9-07 Date w	well drilling completed: 4-9-07				
If flowing, method of flow regulation: Valve Other (c					
Static Water Level:feet above or below (circle one)					
Method of Measurement (circle one) see tape electric tape	19				
Hole depth: Well depth:	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix	PVC 160				
Casing length: 74 feet Casing diameter. 2 inches Type of casing: 900 160					
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160					
Screen slot size: 1050 inches Setting depth: From					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):	describe on back of page				
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.	DII				
Patrick M. Chism 0695	Patry M CC				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				
a B					
KL	na 10 2007				

YMD JOINT WATER

	State Well Report					
county: Leflore	Part 1	For Office Use Only:				
Permit #: 60041746 Mis	ssissippi Department of Environmental Quali	ty Aquifer:				
Irrigation Equipment	Office of Land and Water Resources P.O. Box 10631	Well #: //-				
Driller:	Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed: 4-9-07	(601)961-5210					
	(601)354-6938 (fax)	E-log #:				
State Law requires that this report by 30 days of completion of drilling of t	oe prepared by the driller in detail and file	d with the Department within				
Well Owner Information		Well Location				
Owner Name Jimmy Patrid	Latitude: 33 . 23 . C	00, 1 90 20 23.9 "Longitude: "74"				
Mailing Address: Box 223	Method of Lat/Long (circl	e one): Conventional Survey,				
	• • • • • • • • • • • • • • • • • • •	neld GPS, Survey-grade GPS				
Morgan City Mi	5 38946 SW4NE4 Sec 3	/				
City State	Zip Code Distance Direction  Miles Eas:	Nearest Town C. ty				
Telephone No. ()		,				
	Well Data					
Purpose of Well (circle one) Home Industri	al Public Supply Trigation Fish Culture	Other:				
Date well drilling started: 7-9-C	Date well drilling completed:	4-9-01				
If flowing, method of flow regulation: Valve _		1/-10-07				
	or below circle one) land surface Date measur	ed: 770-07				
Method of Measurement (circle one)	1116	10				
Hole depth: Well depth: Well grouted to a depth of feet						
Type of grout (circle one): Cement Rentonite Mix						
Casing length:feet Casing diameter:inches Type of casing:						
Screen length: 70 feet Screen diameter: 12 inches Type of screen: 714						
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 Department of Health regulations and state laws.						
Irrigation Equipment Inc.						
Patrick M. Chism 0		mcs.				

Print Name of Water Well Contractor and License No.

Signature of Water Weigner GEIVED

MAY 07 2007

BY: OLWR

N-

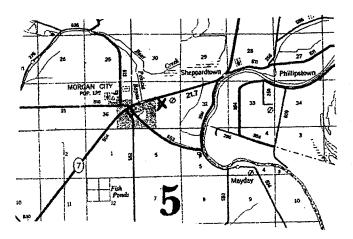
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CAV	0	19
Fine Sand	20	35
Fre sand + gravel	36	50
Fine sand + gravel med. Sand + gravel	51	114
mea. Same V 5		Ţ
	T	$\top$
	+	+
	+	1
	+	<del>                                     </del>
	+	+
	+	+-+
		+
		4—4
	Д.—	
	1	1
	+	1
and the second s	+	+-

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.



andowner	Name:				

Signature of Water Well Contractor

## STATE WELL REPORT

## County: Lefloce Permit #: 6W41746 Mis Driller: Sation Equipmen Date completed: 4-9-07

## 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

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:			
Aquifer:			
Well#:	N-116		
Elevation	ı:		

(601)3	54-0938 (iax)		
This report should be prepared by the pump installer in de- installation of pump.	tail and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: Simmy Patridge	Latitude: Longitude:		
Mailing Address: Box 223	Method of Lat/Long (circle one): Conventional Survey,		
Morgan eity MS 38946 City State Zip Code			
Telephone No. ()	Distance Direction Nearest Town  Miles EAST of MOSAA C; ty		
P T			
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: 4-10-07	Setting Depth: 70 feet		
Rated Pump Capacity: //50 + Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B)-(A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the		
Patrick M. Chism 0695	Patris McC	RECEIVE
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	MAY 0 7 2017
		j.13 41

BY: OLWP