I I I I I I I I I I I I I I I I I I I	and Water Resources Box 10631	Well #:
Driller:	1S 39289-0631	L. S. Elevation:
	961-5210	L. S. Elevation:
(601)35	4-6938 (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 wi	th the Department within
Well Owner Information	Well	Location
Owner Name 5: MMy Patr. dge	Latitude: 33, 22, 52	Longitude: 08.40
Mailing Address: BOK 223	Method of Lat/Long (circle one	e): Conventional Survey,
	USGS quad, Hand-held (	GPS, Survey-grade GPS
MOLGAN C. Ty MS 38 946 City State Zip Code	3W4 NE4 Sec 32	- Twn 18N Rng/W
City State Zip Code	Distance Direction  Miles E115 to	Nearest Town
Telephone No. ()		
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply		Other:
Date well drilling started: 4-9-07 Date w	vell drilling completed:	-9-07
If flowing, method of flow regulation: Valve Other (de	escribe)	
Static Water Level: 29 feet above a below (circle one) le	and surface Date measured:	4-10-01
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 125 Well depth: 125	Well grouted to a depth of	<u>//O</u> fect
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 85 feet Casing diameter. 10		
Screen length: 70 feet Screen diameter: 10	_inches Type of screen:	VC 160
Screen slot size:inches	feet to	feet
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open h	ole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing: feet. If tele	escoped or more than one scree	n, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron O	ther:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in a		
Department of Environmental Quality and/or the Mississippi Dep	artment of H941th regulations a	and state laws.
Irrigation Equipment Inc. Patrick M. Chism 0695	Pet / M	
Print Name of Water Well Contractor and License No.	Signature of V	valer Well Contractor ED
		THE RESIDENCE LIGHT AND AND A SECTION OF SECTION AND ASSESSMENT OF SECTION AND ASSESSMENT OF SECTION AND ASSESSMENT OF SECTION ASSES
Repthun		MAY 16 7007
Ker ~ un		63 है। इस्टाइट के के <b>इ.स्फाइ</b> 
`ul*\*``		YMO JOINT WATER
ν, -	MA	NAGEMENT DISTRICT

State Well Report

Part 1
Mississippi Department of Environmental Quality
Aquifer:

For Office Use Only:

State	Well Report	For Office Viscoulin
county: Leflore	Part 1	For Office Use Only:
Mississinni Denartm	ent of Environmental Quality	Aquifer:
I I YYY I GATE I GAN I GAN I AMAM E I	d and Water Resources	Well #: <b>//</b> -//
Driller:	Box 10631	
	, MS 39289-0631 01)961-5210	L. S. Elevation:
	354-6938 (fax)	E-log #:
	• •	
State Law requires that this report be prepared by t 30 days of completion of drilling of the well.	he driller in detail and filed w	rith the Department within
Well Owner Information	Wel	Location GO 10 00 /
Owner Name J. m My Jatr. dge	Latitude: 33, 22, 3	Longitude: 78 . 68 . 68 . 68 . 68 . 68 . 68 . 68 .
Mailing Address: BOK 223	Method of Lat/Long (circle or	ne): Conventional Survey,
	<u> </u>	GPS, Survey-grade GPS
Morgan City MS 38 946 City State Zip Code	3W14 NE14 Sec 32	2 Twn 18N Rng/W
City State Zip Code	Distance Direction	of MOCSAN C. Ty
Telephone No. ()		
We	ll Data	
Purpose of Well (circle one) Home Industrial Public Supply	Trigation Fish Culture	Other:
Date well drilling started: 4-9-07 Date	·	7-7-01
If flowing, method of flow regulation: Valve Other	(describe)	
Static Water Level: 27 feet above of below (circle on	e) land surface Date measured:_	4-10-07
Method of Measurement (circle one)	pe air line other:	
Hole depth: 125 Well depth: 125	Well grouted to a depth of	<u>/O</u> fcet
Type of grout (circle one): Cement Bentonite M	x	
Casing length: 85 feet Casing diameter: 10	inches Type of casing:	PVC 160
Screen length: 70 feet Screen diameter: 11	inches Type of screen:	PVC 160
Screen slot size: 050 inches Setting depth: From	feet to	feet
Type of completion (circle all applicable): Gravel packed Unc	lerreamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing: feet. If	telescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma R	ay Density Sonic Neutron	Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed i		
Department of Environmental Quality and/or the Mississippi I	epartment of Health regulations	s and state laws.
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrix N	1 ch

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Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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MAY 0 7 2007

BY: OLWR

N-

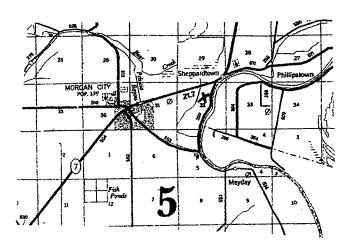
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CAU	0	18
Fine sand + gravel med, sand + gravel	19	29
Fine SAND + RIAVEL	30	49
mod sand + eravel	50	125
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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:	

Signature of Water Well Contractor

## STATE WELL REPORT

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 (601)961-5210

F	or Office Use Only:
Aquifer:	
Well #:	N-117
Elevatio	n:

Date completed:		154-6938 (fax) Elevation:			
This report should be prepared by the prinstallation of pump.	ump installer in deta	il and filed with the	ـــــا Department wi	thin 30 days	of the
Well Owner Information			Well Loc	otion	
Owner Name: 5 MMV Patr					
Owner Name: O / /VI /VI   CAR'	: USE	Latitude:	Lon	gitude:	·
Mailing Address: Box 223		Method of Lat/Long (circle one): Conventional Survey,		Survey,	
		USGS	puad, Hand-held	GPS, Survey	/-grade GPS
Morgan City MS 38946 City State Zip Code					
•	Lap Code		Direction N	Vearest Town	
Telephone No. ()		2 Miles East of Morgan c.ty			
Pum p Type Circle one		Power Type Circle one			
Air Lift Jet Sal	omersible	Diesel Engine	Gasoline Eng		Natural Gas
Bucket Piston Tur	bine	Electric Motor	Hand		Tractor PTO
Centrifugal Rotary Flo	wing Well	Windmill	Other (specif		
Other (specify):		Horse Power Rating	_	_	<del>*************************************</del>
Date Pump Installed: 4-10-07	7		<i>A</i> .		
		Setting Depth:feet		et	
Rated Pump Capacity: //50 ± Gallo	ons Per Minute	Number of Stages:	/		
Pump Test Data		36.4	-1-634 :		
Date Well Tested:		Med	od of Measurin Circle or		el
Static Water Level (A):Feet Below		Air Line Ele	ectric Measuring	Line S	Steel Tape
Pumping Water Level (B):Feet Below	1	Other (specify):			<u></u>
Drawdown [(B) - (A)]:Feet Below	v Land Surface	For flowing well, m	easured shut in h	ead:	feet
Test Pumping Rate:Gallo	ns Per Minute	Well yielded	GPM	with a drav	down of
Duration of Pump Test (minimum 4 hours):	hours	f	et after	hours	of pumping
HEREBY CERTIFY that the above statements a	re true to the best of	my knowledgy.			

RECEIVED
MAY 07 2007
BY: OLWR Patrick M. Chism Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer