

County: Leflore
 Permit #: 43240
 Driller: Irrigation Equipment
 Date drilling completed: 5/28/09

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: _____
 Well #: N128
 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: <u>R. D. Gibson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18400 County Rd 511</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	<u>NE 1/4 SW 1/4 Sec 33</u> <u>Twn 18N</u> <u>Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 515-8317</u>	<u>2</u> Miles <u>E</u> of <u>Morgan City</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5/28/09 Date well drilling completed: 5/28/09

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22 feet above or below (circle one) land surface Date measured: JUN 01 2009

Method of Measurement (circle one) steel tape electric tape air line other: 5/29/09

Hole depth: 126 Well depth: 126 Well grouted to a depth of _____

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 feet

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): _____

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MWD JOINT WATER
MANAGEMENT DISTRICT

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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. John P. Chism
 Signature of Water Well Contractor

Ref # 43240

County: Leflore
 Permit #: 6043240
Irrigation Equipment
 Driller:
 Date drilling completed: 5/28/09

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:
 Well #: N 12E
 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 <u>R. D. Gibson</u>	Latitude: <u>33° 22' 44"</u> Longitude: <u>90° 15' 31"</u>
Mailing Address: <u>18400 County Rd 511</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	<u>NE 1/4 SW 1/4 Sec 33</u> <u>Twn 18N</u> <u>Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 515-8317</u>	<u>2</u> Miles <u>E</u> of <u>Morgan City</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5/28/09 Date well drilling completed: 5/28/09

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: 5/29/09

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 feet

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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism
 Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

N. 128

Ground Level

61043240

Description of Formations Encountered	From	To
Clay	0	22
Fine Sand	23	49
Fine Sand + Gravel	50	63
Medium Sand + Gravel	64	126

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: R. D. Gibson

John P. Chum
Signature of Water Well Contractor

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JUN 03 2009
BY: OLWF

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)961-3210
 (601)354-6938 (fax)

County: Leflore
 Permit #: CC43340
Irrigation Equipment
 Driller:
 Date completed: 5/28/09

For Office Use Only:

Aquifer: _____
 Well #: N128
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>R. O. Gibson</u>	Latitude: <u>33° 22' 44"</u> Longitude: <u>90° 18' 31"</u>
Mailing Address: <u>18400 County Rd 511</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sidon Ms. 38954</u>	USGS quad, Hand-held GPS, Survey-grade GPS.
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 33 Twn 18N Rng 1W</u>
Telephone No. <u>(662) 515-8317</u>	Distance Direction Nearest Town
	<u>2 Miles E of Morgan City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5/29/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

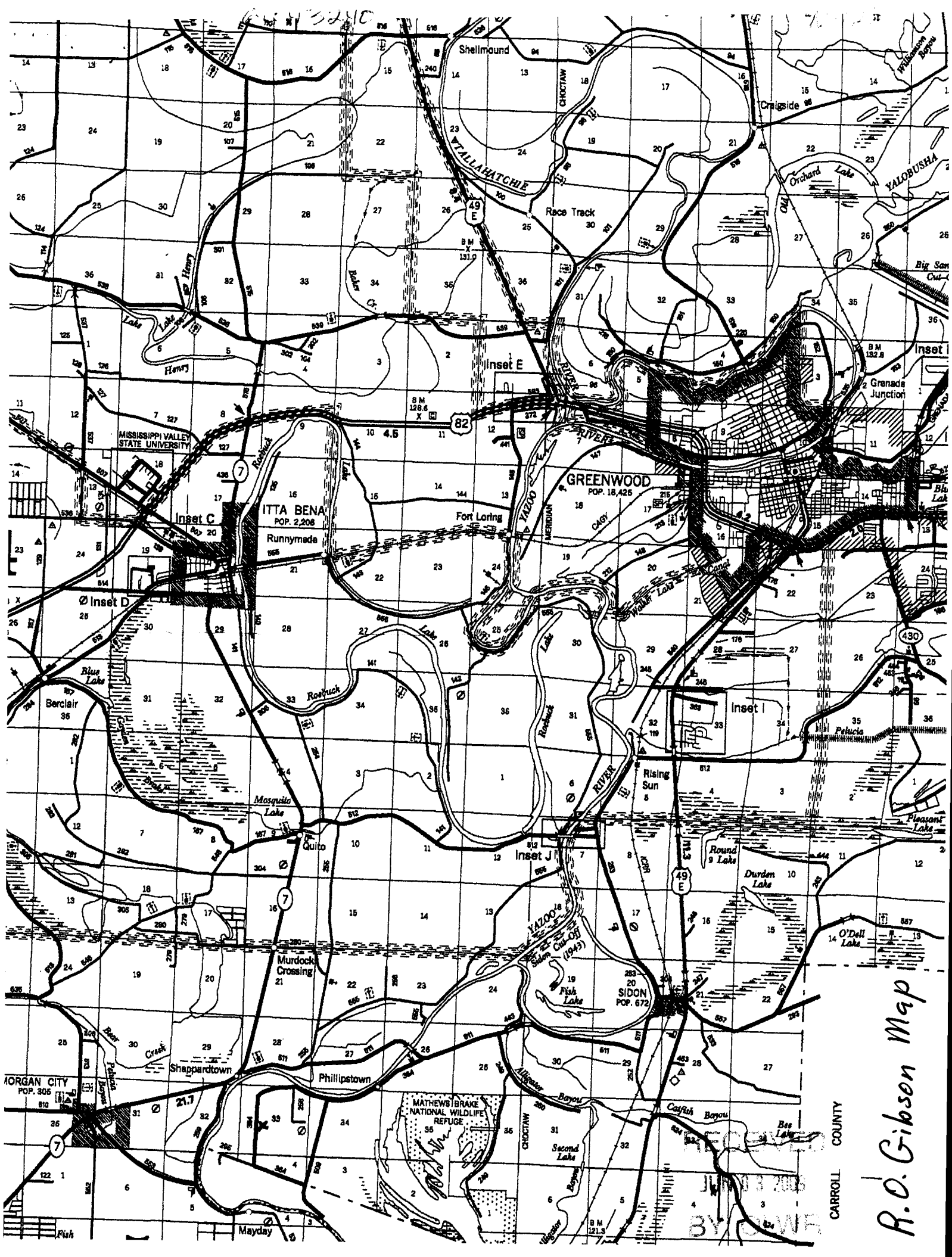
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)

John P. Chism
 Signature of Pump Installer

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 JUN 03 2009
 BY: OLWR



CARROLL COUNTY

R.O. Gibson Map

BYLOWE