

County: Leflore
 Permit #: 43239
 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 #: 1129
 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. O. Gibson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18400 County Rd 511</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input 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>NW 1/4 NW 1/4 Sec 25</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>3</u> Miles <u>W</u> of <u>Sidon</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: 27 feet above of below (circle one) land surface Date measured: 5/29/09

Method of Measurement (circle one) steel tape electric tape air line other: JUN 05 2009

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 foot Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 foot 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: _____ foot. 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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JUN 05 2009

VMD 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

43239

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For Office Use Only:
 Aquifer: _____
 Well #: N129
 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. O. Gibson</u>	Latitude: <u>33° 23' 58"</u> Longitude: <u>90° 15' 34"</u>
Mailing Address: <u>18400 County Rd 511</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 25 Twn 18N Rng 1W</u>
Telephone No. <u>(662) 515-8317</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>W</u> of <u>Sidon</u>

Well Data

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

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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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If well telescopes please sketch below and show depths.

N 129

Ground Level

6643739

Description of Formations Encountered	From	To
Clay	0	23
Fine Sand	24	49
Fine Sand + Gravel	50	58
Medium Sand + Gravel	59	126

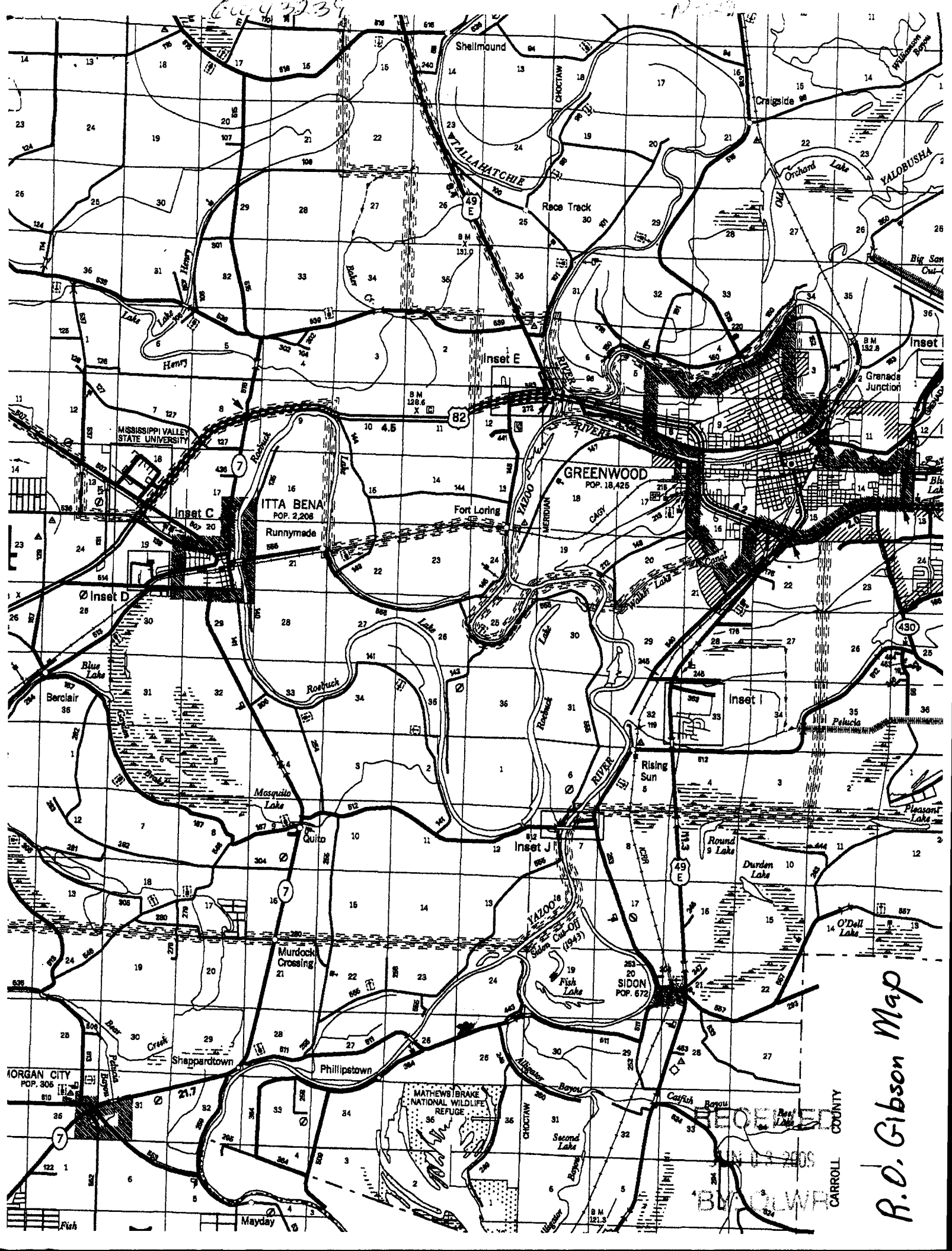
If more than one screen, show location of each on sketch

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: OLWR



R.O. Gibson Map

CARROLL COUNTY

MISSISSIPPI
MAY 1920
BY OLIVER