County: Leflore P Permit #: CASSO   Irrigation Equipment Driller: Jackson, M Date drilling completed: 2-28-07   (601)	For Office Use Only:  Aquifer: Well #: Well #: Well #:  L. S. Elevation:  4-6938 (fax)  For Office Use Only:  Aquifer: Well #:  E-log #:  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		
Talan Tilan I	33 24 35.6 90 11 19.9	
Owner Name John Lindsey  Mailing Address: 10500 County Road 243	Well Location  33 24 35.6 90 11 19.9  Latitude:	
	USGS quad, Hand-held GPS, Survey-grade GPŞ	
Sidon MS 38954 City State Zip Code Telephone No. ()	NE 1/4 SW 1/4 Sec 22 Twn 18N Rng 1E	
Well 1	L Data	
Purpose of Well (circle one) Home Industrial Public Supply Prigation Fish Culture Other:		
Date well drilling started: 2-28-07 Date well drilling completed: 2-28-07		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above or below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 122 Well depth: 122	Well grouted to a depth of 10 feet	
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 82 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40	
	inches Type of screen: PVC Sch. 40	
Screen slot size:inches Setting depth: From _	83 feet to 122 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)

Note: No pump was installed.

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc. Patrick M. Chism 0695

Signature of Water Well Contractor

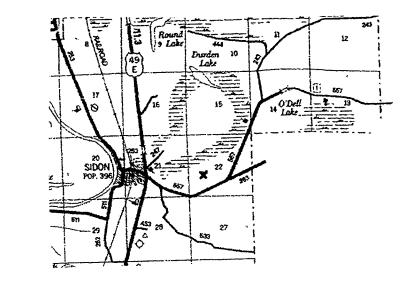
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From To
Clay	0 31
Fine Sand	32 38
Fine Sand/gravel	39 45
Fine Sand/gravel Med. Sand/gravel	46120
Clay	121122
	<del></del>

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