			1		
	State V	Vell Report			
county: Leflore		Part 1	For Office Use Only:		
11200		nt of Environmental Quality	Aquifer:		
	Office of Land	and Water Resources	7 100		
Driller:	P.O. 1	Box 10631	Wdi#:		
Date drilling completed: 5-27-08		MS 39289-0631	L. S. Elevation:		
)961-5210 i4-6938 (fax)	E-log#:		
State I am an anima Al at 415		, ,			
State Law requires that this repo 30 days of completion of drilling Well Owner Informa	of the well.				
_		Wdl	Location		
Owner Name Express Gr	ain Icrmina	Latitude 33 26 34.	Longitude: 90. 13.20.0		
Mailing Address: 2005 Hwy	82 West	Method of Lat/Long (circle on	1		
		USGS quad, Hand-held	GPS, Survey-grade GPS		
Greenwood M City State	Vs. 38930	<u>SE 4.NW4 800 8</u>	Twn 18N Rng 1 E		
City State	Zip Code	Distance Direction Miles	Nearest Town		
Telephone No. ()		Miles	f_Sidon_		
	Well D) ata			
Purpose of Well (circle and) War at					
Purpose of Well (circle one) Home Indus	strial Public Supply	Irrigation Fish Culture (Other:		
Date well drilling started: 5-27	Date w	ell drilling completed:	5-27-08		
If flowing, method of flow regulation: Valve	Other (de	scribe)			
Static Water Level: 23 feet above & below (circle one) land surface Date measured: 5-30-08					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 1/7 Well depth: 1/7 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 77 feet Casing diameter. 16 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter. 16 inches Type of screen: PVC					
Screen slot size: • 050 inches Setting depth: From 78 feet to 1/7 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 teles	coped or more than one screen	, describe on back of page		
Logs run (circle all applicable). No log run					
Name of organization running log(s):		\sim			
I certify that the well was drilled, constructed	ed, and completed in acc	ordance with all applicable re-	quirements of the Mississippi		
Department of Environmental Quality and/ Irrigation Equipment I	or the Mississian: Day	tment of Health regulations as	ıd state laws.		
Detect of agarpment I	0695	K			
		105			
Print Name of Water Well Contractor and Lice	ase No.	Signature of Wa	ter Well Contractor		
42532					

	art 1			
	of Environmental Quality Aquifer.			
Irrigation Equipment	nd Water Resources ox 10631 Well #: 2 - 68			
Dniler:	9 20090 0/21			
	S 39289-0631 L. S. Elevation:			
	-6938 (fax) E-log#:			
State Law requires that this report be prepared by the case 30 days of completion of drilling of the well.	· · · · · · · · · · · · · · · · · · ·			
Well Owner Information	Well Location			
Owner Name Express Grain Termina	Latitude 33 26 34.2 Longitude 90. 13. 20.0			
Mailing Address: 2005 Hwy 82 West	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Greenwood Ms. 38930	SE 1/4 NW/4 Sec 8 Twn 18N Rng 1 E			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Distance Direction Nearest Town 2 Miles NW of Sidon			
Well D	ata .			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
	ell drilling completed: 5-27-08			
If flowing, method of flow regulation: Valve Other (de:				
Static Water Level:feet above of below (circle one) lan				
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: Well depth: Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC				
Screen slot size: <u>050</u> inches Setting depth: From <u>78</u> feet to <u>117</u> 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 teles	scoped 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 acc				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Irrigation Equipment Inc				
Patrick M. Chism 0695	135			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

State Well Report

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6642532

Q-68

If well telescopes please sketch below and show depths.

Ground	1	أمرجم
CHICKET		evei

Description of Formations Encountered	From	To
Clau	0	39
Fine Sand + Gravel Medium Sond + Gravel	40	49
Fine Sand + Gravel	50	55
Medium Sonal Gravel	56	115
Clay	116	77
317	17.5	1
	 	
	 	
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77		

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

~				
Sketch 1	he property layout and include	the following: 1) the well b	contion: 2) and managed atmesture.	
	as property layout and intotace	the following. I) the well is	ocation; 2) any permanent structure:	on the property that may
	aid in locating the well-	l) any made maying lines as	. المراب و المرافع ا	
	ard in rooming the wen,) any toads, power titles, or	other items that may aid in locating	the property and the well
	4) indicate direction.			,
	T) MUIOUU UIICCUUII.			

Landowner Name: Express Grain Terminal

Signature of Water Well Contractor

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STATE WELL REPORT

Permit #: (()() Irrigation Equipment

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

For Office Use Only:			
Aquifer:			
Well #:	8-68		
Elevation	a:		

Date completed: 5-21-08		961-5210 4-6938 (fax) 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: Express Grain		Latitude:Longitude:		
Mailing Address: 2005 Hwy 8.	2 West	Method of Lat/Long (circle one): Conventional Survey,		
Greenwood Ms City State	. 38930	USGS quad, Hand-held GPS, Survey-grade GPS SE 1/4 NW/4 Sec 8 Twn 18N Rng 1 E		
City State	Zip Code			
	·	Distance Direction Nearest Town		
Telephone No. ()		2 Miles NW of Sidon		
Pump Type				
Circle one		Power Type Circle one		
	bmersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Tur	bine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flo	wing Well	Windmill Other (specify):		
Other (specify):		Horse Power Rating of Motor: 60		
Date Pump Installed: 5-30-08		Setting Depth: 60 feet		
Rated Pump Capacity: 2800 + Galle	ons Per Minute	Number of Stages:		
Pump Test Data		Method of Measuring Water Level		
Date Well Tested:		Circle one		
Static Water Level (A):Feet Below	w Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below	v Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below	w Land Surface	For flowing well, measured shut in head:		
Test Pumping Rate:Gallo	ons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	fact offer "house of		

Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:		
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 best of my	/ k
			1	ĸ

Patrick M. Chism Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

JUN 0 9 2008

BY: OLWR

