County:	Quitman
Permit #: Irri	pation Equipment
_	ng completed: 4-10-06

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 #: 6-131
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.

30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name Alcorn Russell	Latitude: 34 . 14 ,25 . 9 Longitude: 90 . 27 ,02 . 1				
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,				
Box 59	USGS quad, Hand-held GPS, Survey-grade GPS				
Lyon, MS 38645	SW ₄ NW ¹ / ₄ Sec 6 Twn 27N Rng 2W				
City State Zip Code 662-645-2698	Distance Direction Nearest Town 10 Miles West of Marks				
Telephone No. ()					
Well 1	Data				
Purpose of Well (circle one) Home Industrial Public Supply	krigation Fish Culture Other:				
Date well drilling started: 4-10-06 Date v	well drilling completed: 4-10-06				
If flowing, method of flow regulation: Valve Other (d	escribe)				
Static Water Level: 19' feet above or below (circle one)					
Method of Measurement (circle one) seel tape electric tape air line other:					
Hole depth: 116' Well depth: 116' Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Rentonite Mix					
Casing length: 76 feet Casing diameter: 16					
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40				
Screen slot size: . 050 inches Setting depth: From	77 feet to 116 feet				
Type of completion (circle all applicable): Gravel packed Under	rreamed 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. Patrick M. Chism 0695	Patrol M Chan				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

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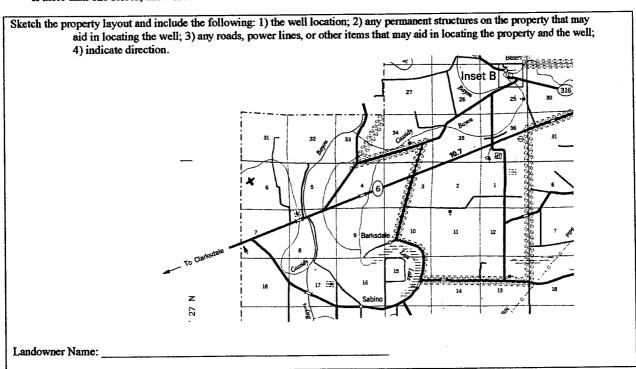
APR 17 2006

BY: OLWR

Ground Level

Descri	otion of Formations Encountered	 From	To_
Clay		0	25
Fine S	Sand	26	44
Med. S	Sand Sand/gravel	45	68
Med. S	and/gravel	 69	116
			
l		 	

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



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Quitman

Date completed: 4-10-06

Irrigation Equipment

Print Name of Pump Installer and License No. (if applicable)

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

For Office Use Only:		
Aquifer:		
Well #:	G-131	
Elevation:		

Copy information from block on Part 1	(601)3	354-6938 (fax) Elevation:		
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Inform	nation	Well Location		
Owner Name: Alcorn Ru	ıssell	Latitude:Longitude:		
C/o Agostine]	li Farms	Method of Lat/Long (check one): Conventional Survey,		
Box 59		USGS quad, Hand-held GPS, Survey-grade GPS		
Lyon MS 38645 City State Zip Code		¼¼ Sec_ 6T_ 27N_R_ 2W		
•	-	Distance Direction Nearest Town		
662-645-2698 Telephone No. ()		10_Miles West_of_Marks		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):		Horse Power Rating of Motor: 60		
Date Pump Installed: 4-11-06		Setting Depth: 60 feet		
Rated Pump Capacity: 2200	Gallons Per Minute	Number of Stages: 2		
Pump Test Data		Method of Measuring Water Level		
Date Well Tested:		Circle one		
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
Drawdown [(B) - (A)]:F	eet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hour	s):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above state Patrick M. Chi	ements are true to the best	of my knowledge.		

Form: OLWR-SWR-1B

Signature of Pump Installer

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APR 17 2006

BY: OLWR