	State W	ell Report					
County: Quitman	P	For Office Use Only:					
		of Environmental Quality	Aquifer:				
Permit #(04) 4(096		nd Water Resources	Well #: 6- /33				
Irrigation Equipment		ox 10631					
		S 39289-0631	L. S. Elevation:				
Date drilling completed: $5-23-06$	, ,	961-5210					
	(601)354	1-6938 (fax)	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 Informat		Well Location					
Owner Name Max Sanders			7, Longitude: 90 24 28, 8				
Mailing Address: 755 Wildwood	Mailing Address: 755 Wildwood Cove		Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held		GPS, Survey-grade GPS				
Yazoo City			Twn27NRng2W				
City State		Distance Direction	Nearest Town				
Telephone No. ( 662-746-7568	- Q	8 Miles West	of Lambert				
Telephone No. $(692-746-7568)$							
	Well I	)ata					
	***************************************	~~~					
Purpose of Well (circle one) Home Indu		Irritation Fish Culture					
Date well drilling started: 5-23-06 Date well drilling completed: 5-23-06							
If flowing, method of flow regulation: Valve Other (describe)							
Static Water Level: 15' feet above on below (circle one) land surface Date measured: 6-6-06							
Method of Measurement (circle one) steel 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	Bentonite Mix						
Casing length: 76 feet Casing		_inches Type of casing: _					
Screen length: 40 feet Scree	n diameter:16	inches Type of screen:	PVC Sch. 40				
Screen slot size:050 inches		77feet to	116feet				
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Oper	n 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

Print Name of Water Well Contractor and License No.

**RECEIVED** 

Signature of Water Well Contractor

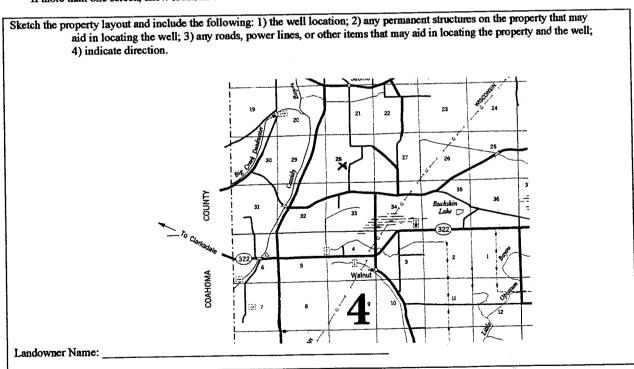
JUN 12 2006

BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clav	0	19
Fine Sand	20	35
Fine Sand/gravel	-36	45
Med.Sand	46	55
Fine Sand/gravel Med.Sand Med. Sand/gravel	56	116
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	+	+
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	L	

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



Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

County: quitman Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: 6W41096 Irrigation Equipment Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: \_\_\_ 5-23-06 (601)961-5210

For Office Use Only:				
Aquifer:				
Well#: 6- 133	3			
Elevation:				

Copy information from block on Part 1	(601)354	4-6938 (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 Informa	tion	V	Well Location			
Owner Name: Max Sanders		Latitude:	Longitude:			
Mailing Address: 755 Wildwood Cove		Method of Lat/Long (check one): Conventional Survey				
		USGS quad, Hand-h	eld GPS, Surve	y-grade GPS		
Yazoo City MS 39194 City State Zip Code		44 Sec 28 T 27N R 2W				
City State	Distance Direction Nearest Town					
Telephone No. ()		8 MilesWest	_of_Lamber	t		
Pump Type		Power Type				
Circle one			Circle one			
Air Lift Jet	Submersible	Diesel Engine Gas	soline Engine	Natural Gas		
Bucket Piston	Turbine	Electric Motor Ha	nd	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Otl	her (specify):			
Other (specify):		Horse Power Rating of Motor: 60				
Date Pump Installed: 6-6-06		Setting Depth:	60	_feet		
Rated Pump Capacity: 2200	_Gallons Per Minute	Number of Stages: 2		_		
Pump Test Data		Method of Measuring Water Level Circle one				
Date Well Tested:		F1	Managaina I inc	Steel Tape		
Static Water Level (A):Feet Below Land Surface		Air Line Electric  Other (specify):	Measuring Line	•		
Pumping Water Level (B):Feet	Below Land Surface	Other (specify).				
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measure	ed shut in head:	feet		
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of				
Duration of Pump Test (minimum 4 hours)	):hours	feet afi	ter1	hours of pumping		
I HEREBY CERTIFY that the above state Patrick M. Chism (	0695	Patry M	Chi			
Print Name of Pump Installer and License	No. (if applicable)	Signature of Pun		orm: OLWR-SWR-1B		

RECEIVED

JUN 12 2006

BY: OLWR