	State Well Report	For Office Use Only:	
County:Quitman	Part I		
Permit # GIV 39792	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
Irrigation Equipment	P.O. Box 10631	Well #: 16	
	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: $\frac{7-29-04}{2}$	(601)961-5210		
	(601)354-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	oort be prepared by the driller in detail and filed w	vith the Department within	
Well Owner Inform	ation Wel	1 Location	
Owner Name	ns Latitude: ° '	_" Longitude:°'	
		-	
Mailing Address:	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held	1 GPS, Survey-grade GPS	
Booneville		Twf ⁷ N Rng ¹ E	
	The Zip Code	IwnKng	
	Distance Direction	Nearest Town	
Telephone No. (662, 720-3356	<u>4_Miles_SE</u>	of Marks	
	Well Data		
C 117.11 / 1		Wildlife Other Management	
• • •	dustrial Public Supply (Irrigation) Fish Culture	2	
Date well drilling started:7-29-	04 Date well drilling completed: 7-	29-04	
If flowing method of flow membrican V	alve Other (describe)		
	alve Other (describe)		
Static Water Level:16feet a	above orbelow (circle one) land surface Date measured:	7-30-04	
Static Water Level: <u>16</u> feet a Method of Measurement (circle one)	above orbeion (circle one) land surface Date measured: steel tape electric tape air line other:	7-30-04	
Static Water Level: <u>16</u> feet a Method of Measurement (circle one)	above orbelow (circle one) land surface Date measured:	7-30-04	
Static Water Level: <u>16</u> feet a Method of Measurement (circle one)	above or below (circle one) land surface Date measured: steel tape electric tape air line other: epth:115 Well grouted to a depth of	7-30-04	
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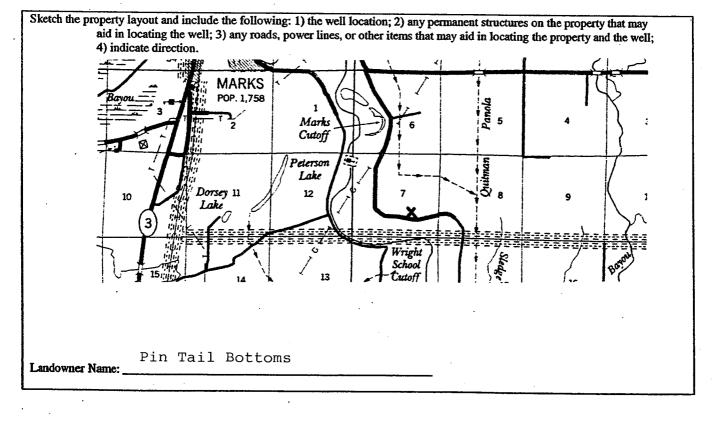
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If well telescopes please sketch below and show depths.

Ground Level

Clay 0 21 Fine Sand/gravel 46 52 Med. Sand/gravel 53 115		Description of Forma	tions Encountered	From	То
Fine Sand 22 45	C	ay	·	0	21
Fine_Sand/grave1 46 52 MedSand/grave1 53 115	ਸ	ne Sand		22	45
Med. Sand/gravel 53 115	F	ne Sand/gra	vel	46	
	M	d. Sand/gra	vel	53	115
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If more than one screen, show location of each on sketch



hom Signature of Water Well Contractor

County: Quitman Pum	TE WELL REPORT Part 2 Installer's Completion Report Department of Environmental Quality te of Land and Water Resources For Office Use Only: Aquifer:
Permit #: Office Irrigation Equipment Driller: Date completed:7-30-04	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)
This report should be prepared by the pump instal installation of pump.	ler in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Pin Tail Bottoms	Latitude: Longitude:
Mailing Address: Box 9	Method of Lat/Long (circle one): Conventional Survey,
Booneville, MS 388 City State Zip C	I wii Kiig
662 720-3356 Telephone No. ()	
Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Hectric Motor Hand Tractor PTO
Centrifugal Rotary Flowing We	Il Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:15
Date Pump Installed; $7-30-04$	Setting Depth: 60 feet
Rated Pump Capacity: 750 Gallons Per I	
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
Static Water Level (A): <u>16</u> Feet Below Land	Air Line Electric Measuring Line Steel Ten
Pumping Water Level (B):Feet Below Land S	urface
Drawdown [(B) – (A)]:Feet Below Land	Surface For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per I	Ainute Vell yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumping
I HEREBY CERTIFY that the above statements are true Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M Chan HECEI
Print Name of Pump Installer and License No. (if applica	ble) Signature of Pump Installer AUG 1.2
	BY: OL