A	State Well Report	
County: Quitmin	Part 1	For Office
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Irrigation Equipment Dulle:	P.O. Box 10631 Jackson, MS 39289-0631	Well #:
Date drilling completed: $9-13-04$	(601)961-5210 (601)354-6938 (fax)	E-log #:

For Office Use Only:	
Aquifer:	- _ 119
L. S. Elevation:	_
E-log #:	

Signature of Water Well Contractor

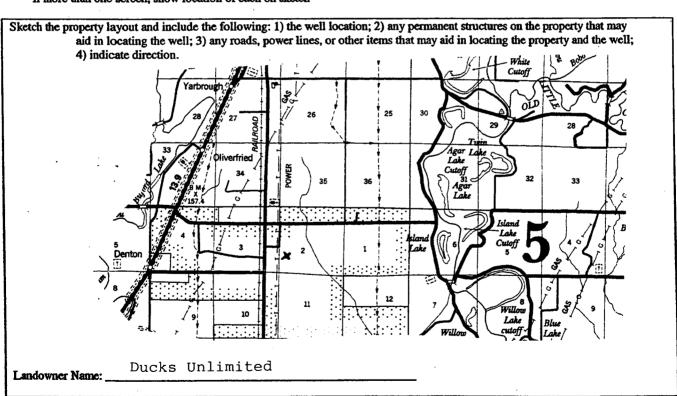
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Location **Well Owner Information** 3. 08, 45N Longitude: 90, 16, 29W, Owner Name Eastover DR. Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Fland-held GPS, Survey-grade GPS State Zip Code Direction Nearest Town Lambert Telephone No. (Miles South of Well Data Wildlife Management Other: Purpose of Well (circle one) Home Industrial **Public Supply** (Irrigation) Fish Culture 9-13-04 9-13-04 Date well drilling started: Date well drilling completed: If flowing, method of flow regulation: Valve ____ ___ Other (describe) _ 15 feet above of below (circle one) land surface Date measured: Static Water Level: Method of Measurement (circle one) steel tape electric tape air line 116 116 Hole depth: Well depth: Well grouted to a depth of _ Bentonite) Type of grout (circle one): Cement Mix Type of casing: PVC Sch. 40 76 16 Casing length: feet Casing diameter: inches 40 Type of screen: _ PVC Sch. 40 16 Screen length: feet Screen diameter: inches Screen slot size: . 050 77 inches Setting depth: From feet to feet Gravel packed Type of completion (circle all applicable): 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 laws. Irrigation Equipment Inc. Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Ground Level	L -	61	9

Description of F	ormations Encountered		From	To
Clay			0	18
Fine Sand			19	38
Fine Sand/q	ravel		39.	50
Med. Sand/g	ravel		51	116
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If more than one screen, show location of each on sketch



Patrick M Chrom

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Quitman Permit #: _ Driller: Date completed: ___

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

(601)354-6938 (fax)

For Office Use Only:
Aquifer:
well #: 4-60
Elevation:

This report should be prepared by the pump installer in det	ail and filed with the Department within 30 days of the
installation of pump. Well Owner Information	Well Location
Owner Name: Ducks Unlimited Inc.	Latitude: 33.08.45/N Longitude: 90.16.29 W
Mailing Address: 193 Business Park Dr.	Method of Lat/Long (circle one): Conventional Survey,
Suite E	USGS quad, Hand-held GPS Survey-grade GPS
Ridgeland M5 39157 City State Zip Code	NW 1/4 Sw 1/4 Sec 2 Twn 26N Rng W Distance Direction Nearest Town
Telephone No. (61) 956 - 7194	4 Miles South of Lambert
Pump Type Circle one	Power Type Circle one

	Pum p Typ 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 Ratin	ng of Motor: 60	HP
Date Pump Installed	d: 9/29/01	1	Setting Depth:	70	feet
Rated Pump Capaci	ity: <u>2200</u>	Gallons Per Minute	Number of Stages:	2	
Kaicu rump Capaci		Garons 1 or William	Trumoof of Biagos.		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 19494 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 34 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]: 24 Feet Below Land Surface Test Pumping Rate: 2000 Gallons Per Minute	For flowing well, measured shut in head:feet Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	

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