

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 #: L-60 119
 L. S. Elevation: _____
 E-log #: _____

County: Quitman
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 9-13-04

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 Information Owner Name: <u>Ducks Unlimited Inc.</u> Mailing Address: <u>1305 Eastover Dr</u> <u>193 Business Park Drive</u> <u>Suite E</u> <u>Ridgeland, MS 39157</u> City: _____ State: _____ Zip Code: _____ Telephone No. () _____ <u>432-2400</u>		Well Location Latitude: <u>33.08.45N</u> Longitude: <u>90.16.29W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS NW <u>1/4</u> SW <u>1/4</u> Sec <u>211</u> Twn <u>26N</u> Rng <u>1W</u> Distance <u>4</u> Miles Direction <u>South</u> of Nearest Town <u>Lambert</u>
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Well Data Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>Wildlife Management</u> Date well drilling started: <u>9-13-04</u> Date well drilling completed: <u>9-13-04</u> If flowing, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>15</u> feet above or <u>below</u> (circle one) land surface Date measured: _____ Method of Measurement (circle one) steel tape electric tape air line other: _____ Hole depth: <u>116</u> Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Cement <u>Bentonite</u> Mix Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>116</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____		RECEIVED OCT 07 2004 BY: OLWR
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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. Signature of Water Well Contractor

Customer contracted with Circle S Irrigation (662-627-7246).
 Mailed 10-4-04

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STATE WELL REPORT

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
 (601)961-5210
 (601)354-6938 (fax)

County: Quitman
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:
 Aquifer: _____
 Well #: L-60
 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: <u>Ducks Unlimited Inc.</u> Mailing Address: <u>193 Business Park Dr.</u> <u>Suite E</u> <u>Ridgeland MS 39157</u> City State Zip Code Telephone No. <u>(601) 956-7194</u>	Latitude: <u>33.08.45N</u> Longitude: <u>90.16.29W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW</u> ¼ <u>SW</u> ¼ Sec <u>2</u> Twn <u>26N</u> Rng <u>1W</u> Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Lambert</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9/29/04</u> Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60HP</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/4/04</u> Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): <u>34</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface Test Pumping Rate: <u>2000</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

[Signature]
 Signature of Pump Installer

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