County:	Shark	ey
Permit#: 4 Irriga Driller:	5W4 ition	1634 Equipment
Date drilling	completed:	3-19-07

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 #: B-86
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within

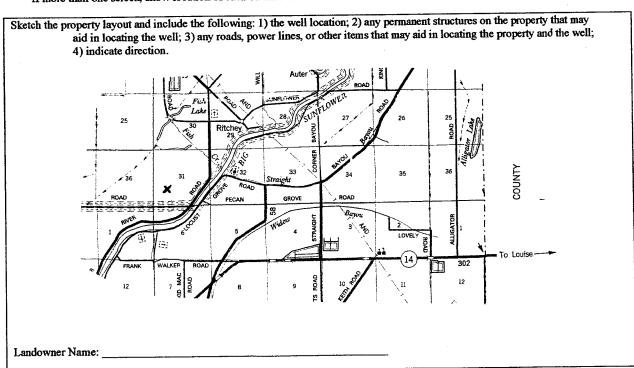
30 days of completion of drilling of the well.	· · · · · · · · · · · · · · · · · · ·
Well Owner Information	Well Location
Owner Name Patterson & Son	Latitude:°" Longitude:°"
Mailing Address: Box 475	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
	SW 1/4 SW 1/4 Sec 31 Twn 14N Rng 5W
Rolling Fork MS 39159	Distance Direction Nearest Town
City State Zip Code	Distance Direction Nearest Town 6 Miles NE of Anguilla
Telephone No. ()	
XX7.11	D.A.
· · · · · · · · · · · · · · · · · · ·	Pivot)
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: $3-19-07$ Date	well drilling completed: 3-19-07
If flowing, method of flow regulation: Valve Other (c	describe)
Static Water Level: 20' feet above on below (circle one)	land surface Date measured: 3-29-07
Method of Measurement (circle one) steel tape electric tape	air line other:
	Well grouted to a depth offeet
Type of grout (circle one): Cement (Bentonite) Mix	
Casing length: 85 feet Casing diameter. 12	inches Type of casing: PVC160
Screen length: 40 feet Screen diameter: 12	inches Type of screen: PVC160
Screen slot size: inches Setting depth: From _	86 feet to 125 feet
Type of completion (circle all applicable): Gravel packed Under	• •
Other (describe):	
Top of lap pipe or reduction in casing:feet. If te	elescoped 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 De	partment of Health regulations and state laws.
Irrigation Equipment Inc.	1161 1101
Patrick M. Chism 0695	Patrib MC
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Fine Sand	36	45
Med. Sand	46	65
Coarse Sand/gravel	66	85
Coarse Sand	86	125
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sharkey

Permit # 6W 41634

Irrigation Equipment

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:			
Aquifer:			
well#: B - 86	-		
Elevation:			

Date completed:	3-19-07	(60	(601)961-5210 (601)354-6938 (fax)		Elevation:
This report s	should be prepared l	by the pump installer in de	tail and filed with th	ـــا e Department	within 30 days of the
	Well Owner Info	mation		Well L	ocation
Owner Name:	Patterson 8	Son	Latitude:	L	ongitude:
Mailing Address:	Box 475	7	Method of Lat/Lo	ng (circle one):	Conventional Survey,
-	_		USGS	quad, Hand-he	eld GPS, Survey-grade GPS
Rolling Fork MS 39159 City State Zip Code		SW _{1/4} SW	14 Sec_31	Twn 14N Rng W	
		zap code	Distance	Direction	Nearest Town
Telephone No. (_)		6 Miles N	Eof_	Anguilla
Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine	Gasoline E	ingine Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (spe	cify):
Other (specify):			Horse Power Ratin	ng of Motor:	50
Date Pump Installe	≈d:	3-29-07	Setting Depth:	60	feet
Rated Pump Capac	ity: 1000	Gallons Per Minute	Number of Stages:	22	
	Pump Test Da	ıta	Me	thod of Measu	ring Water Level
Date Well Tested:				Circle	
		eet Below Land Surface	Air Line E	lectric Measuri	ing Line Steel Tape
Pumping Water Le	evel (B):F	eet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head:feet			n head:feet		
Fest Pumping Rate: Gallons Per Minute					
Duration of Pump	Test (minimum 4 hou	rs):hours		feet after	hours of pumping
			·		
I IIII			/) /		

I HEREBY CERTIFY that the above statements are true to the best o	of my/kgov/ledge.	
Patrick M. Chism 0695	Path MCC	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	7-1-1-13 III
		The Late of the La