County:	Shar	key	
Permit #: (2 Irriga Driller:	tion tion	1651 Equipmen	it
Date drilling	completed:	3-23-0	7

## **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:	
Aq	uifer:
We	n #: <u>B- 88</u>
L. :	S. Elevation:
E-l	og #:

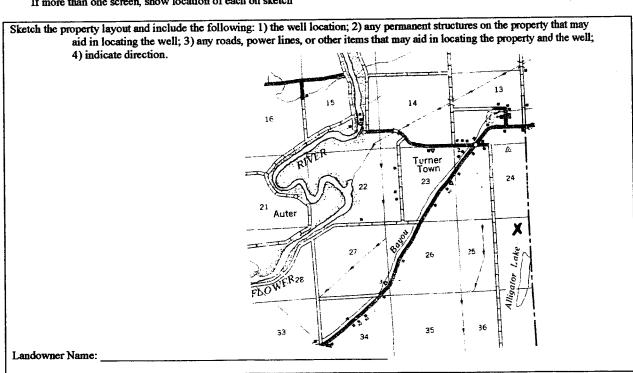
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Seward + Som	Latitude:°" Longitude:°"
Mailing Address: BOX 266	Method of Lat/Long (circle one): Conventional Survey,
Louise ms 39097 City State Zip Code Telephone No. (662-836-5161	Distance Direction Nearest Town  Miles West of Miles
Well 1	
Purpose of Well (circle one) Home Industrial Public Supply  Date well drilling started: 3-23-07 Date with the public Supply	well drilling completed: 3-23-07 66 3098
If flowing, method of flow regulation: Valve Other (d	
Static Water Level: 19 feet above or felow (circle one)	· ·
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 127 Well depth: 127	Well grouted to a depth offeet
Type of grout (circle one): Cement entonite Mix	3
	inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC SCh. 40
Screen slot size: 1050 inches Setting depth: From_	00 177
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
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	
Department of Environmental Quality and/or the Mississippi De	partment of Health regulations and state laws.
Irrigation Equipment Inc.	V+1 110
Patrick M. Chism 0695	Latus M
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Ground Level

Description of Formations Encountered	From	To
Clav	0	27
Fine sand	28	47
med Sand	48	77
med. Sand Coarse Sand + grave !	78	127
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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 #: 6 W 41651

Irrigation Equipment
Driller: Date completed: 3-23-07

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

For Office Use Only:	
Aquifer:	
Well#: <u>B-88</u>	_
Elevation:	_

(601)354-6938 (fax) 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 4 SM Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 1/4 NE 1/4 Sec 25 Twn 14N Rng 5W e62-836-5161 Distance Direction Nearest Town Telephone No. Pump Type **Power Type** Circle one Circle one Air Lift Diesel Engin Submersible Gasoline Engine **Natural Gas** Bucket Piston (Turbine **Electric Motor** Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): 100 Horse Power Rating of Motor: 3-26-07 Date Pump Installed: 70 Setting Depth: feet Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: \_\_\_ Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_\_Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B)-(A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: \_\_\_\_\_Gallons Per Minute Well yielded \_\_\_\_\_ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of myknowiedge.	•
Patrick M. Chism 0695	late MCQ	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	