	State Well Report	
		For Office Use Only:
, Sharkey	Part 1	
1 Country.	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: B-94
Irrigation Equipment	P.O. Box 10631	wen #.
Dniller:	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: $5-10-07$	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

State Law requires that this report be prepared by the drill	er in detail and filed with the Department within
State Law requires that this report be prepared by the drin	ci in octan and med with the 2 sparses
30 days of completion of drilling of the well.	

Well Owner Information	Well Location				
Owner Name Patterson & Son	Latitude: 33 ° 01 ' 15 " Longitude: 90 ° 44 ' 44 "				
Mailing Address: Box 475	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
	<u>NE 1/2 NE 1/2 Sec_31 - Twn 14N Rng 5W</u>				
Rolling Fork MS 39159	Distance Direction Nearest Town				
City State Zip Code	6 Miles NE of Anguilla				
Telephone No. ()					
Well	3-19-07				
	Replacement				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other				
Date well drilling started: 5-10-07 Date	well drilling completed:5-10-07				
If flowing, method of flow regulation: Valve Other (
Static Water Level:feet above or below (circle one)	land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: Well depth: Well grouted to a depth of feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 77 feet Casing diameter. 10	inches Type of casing:PVC160				
Screen length: <u>40</u> feet Screen diameter. <u>10</u>	inches Type of screen: <u>PVC160</u>				
Screen slot size: inches Setting depth: From	78feet tofeet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Top of lap pipe or reduction in casing:feet. If t	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 Department of Health regulations and state laws.					
Irrigation Equipment Inc. Patrick M. Chism 0695/0439					
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor					
Well drilled 3-19-07 pumped sa Bad well is 20' NW.	and.				

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If well telescopes please sketch below and show depths.

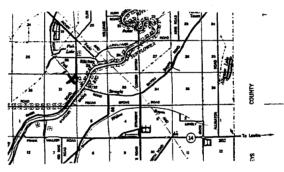
Ground Level

Description of Formations Encountered	F	rom	To
Clay		0	28
Fine Sand	.	29	35
Fille Sallu		36	47
Fine Sand/gravel Med. Sand/gravel	+	48	117
Med. Sand/gravel		40	<u>+</u> +
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: ____

Signature of Water Well Contractor

	STATE WELL REPORT					
Irrigation Equipment Driller: Date completed: Copy information from block on Part 1	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)		For Office Use Only: Aquifer: Well #: <u>B-94</u> Elevation:			
This part of the report must be completed by a report must be attached and both parts filed with	licensed water well c ith the Department at	ontractor or a licensed pump is the above address within 30 d	ustaller. A copy of Part 1 of the ays of well completion.			
report must be attached, and both parts jueu wa Well Owner Information Patterson & Son Owner Name:	4S 39159 Zip Code	Well Latitude: Method of Lat/Long (check or USGS quad, Hand-held ¼¼ Sec Distance Direction	Location _Longitude: ac): Conventional Survey			
Telephone No. ()			I			
Pump Type Circle one Air Lift let Sut	bmersible	C	wer Type incle one ne Engine Natural Gas			
Bucket Piston Tur	rbine	Electric Moder Hand	Tractor PTO			
	owing Well	Windmill Other Horse Power Rating of Moto	(specify):			
Other (specify): Date Pump Installed: Rated Pump Capacity:700Gall		Setting Depth:6 Number of Stages:2	0 feet			
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Pump Test Data Date Well Tested:		Method of Measuring Water Level Circle one				
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		Air Line Electric Me Other (specify):	asuning Line Steel Tape			
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet				
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 my knowledge. John P. Chism 0439 Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1E						

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