County: Sharkey

Permit #:

Driller: Irrigation Equipment

Date drilling completed: 5-3-07

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 #: C-255

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

Owner Name: Patterson & Son

Mailing Address: Box 475

Rolling Fork MS 39159
City State Zip Code

Telephone No. ( )

Well Location

Latitude: 32 ° 58 ' 08 " Longitude: 90 ° 45 ' 47 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

SW ¼ SE ¼ Sec 13 Twn 13N Rng 6W

Distance 4 Miles Direction East of Nearest Town Anguilla

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: 3-17-07 Replacement

Date well drilling started: 5-3-07 Date well drilling completed: 5-3-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above of below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC160

Screen length: 37 feet Screen diameter: 12 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 82 feet to 118 feet

Type of completion (circle all applicable): Gravel packed 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 / 0439

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Well drilled 3-17-07 pumped sand.
New well 5-3-07 is on east side of bad well.

C255

C-

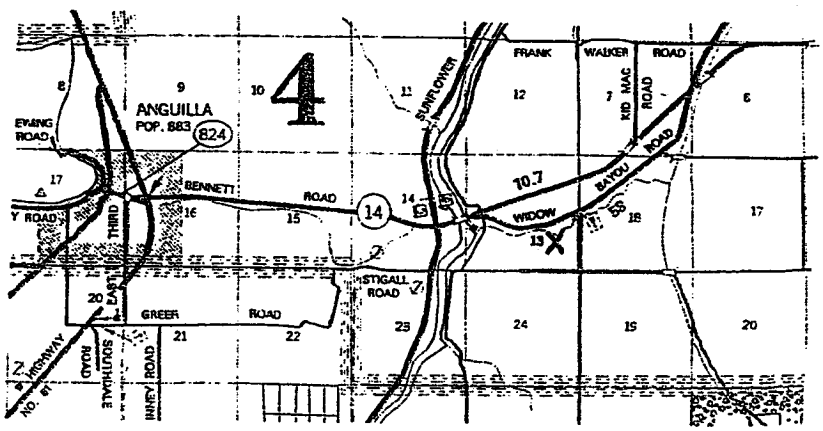
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	44
Fine Sand/gravel	45	51
Med. Sand/gravel	52	65
Fine Sand	66	80
Med. Sand/gravel	81	118
Fine Sand	118	122

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

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: Sharkey
Permit #:
Driller: Irrigation Equipment
Date completed: 5-3-07
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: C-255
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Patterson & Son
Mailing Address: Box 475
Rolling Fork MS 39159
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___
SW ¼ SE ¼ Sec 13 T 13N R 6W
Distance Direction Nearest Town
4 Miles East of Anguilla

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed:
Rated Pump Capacity: 1000 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 50
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
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.

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B