State V	Vell Report
	Part 1 For Office Use Only:
Mississippi Departmen	nt of Environmental Quality Aquifer:
Irrigation Equipment POI	and Water Resources Box 10631 Well #: <u>A-48</u>
Driller:	AS 39289-0631 L. S. Elevation:
	)961-5210 54-6938 (fax) E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name William Livingston	Latitude: 33° 53 ·51.6 Longitude: 90 ·32 ·14.5
Mailing Address: 72 Ward-Riddick Road	52 Method of Lat/Long (circle one): Conventional Survey,
Maining Address	
	USGS quad, Hand-held GPS, Survey-grade GPS
Tutwiler MS 38963	$\underline{SW_{14}} \underbrace{SE}_{4} \underbrace{Sec}_{36} \underbrace{Twn}_{24N} \underbrace{Rng}_{4W}$
City State Zip Code	Distance Direction Nearest Town
Telephone No662-345-2224	<u>4</u> Miles West of Parchman
Well	$\frown$
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: <u>19-06</u> Date	well drilling completed:4-19-06
If flowing, method of flow regulation: Valve Other (	describe)
Static Water Level: 40' feet above of below (circle one)	land surface Date measured: $4-20-06$
Method of Measurement (circle one) teel tape electric tape	
Hole depth:120 Well depth:120	
	wen grouted to a deput of rest
Type of grout (circle one): Cement Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter.	16 inches Type of casing: PVC Sch.40
Screen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen: PVC Sch. 40
Screen slot size: <u>.050</u> inches Setting depth: From	81 feet to 120 feet
Type of completion (circle all applicable): (Gravel packed Unde	rreamed Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing:feet. If to	elescoped or more than one screen, describe on back of page
	Density Sonic Neutron Other
Logs run (circle all applicable). No log run Electric Gamma Ray	Douxty Douit Housen Ouxi.
Name of organization running log(s):	
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
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	accordance with all applicable requirements of the Mississippi
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

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MAY 0 8 2006 BY: OLWR If well telescopes please sketch below and show depths.

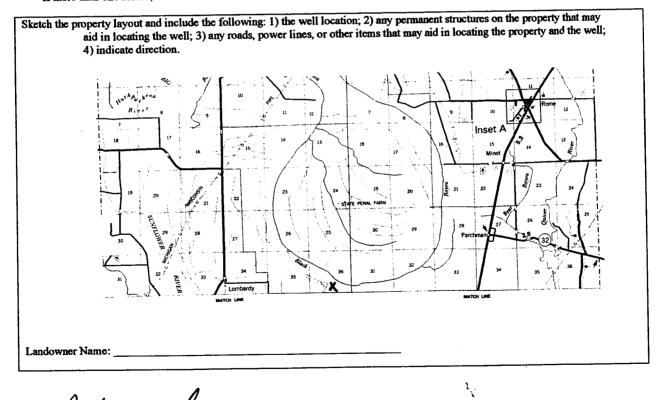
Ground Level

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Description of Formations Encountered	From	To
Clav	0	15
Fine Sand Fine Sand/gravel Med. Sand/gravel	16	36
Fine Sand/gravel	1 27	45
Fille Salid/graver	$+\frac{37}{46}$	1 20
Med. Sand/gravel	40	120
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

County: Sunflower Permit#: <u>6(()())</u> , Irrigation Equipment Driller.	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>A-US</u> Elevation:	
Driller: Date completed: $4-19-06$				
Copy information from block on Part 1				
This part of the report must be completed b report must be attached and both parts file	y a licensed water we dwith the Department	ell contractor or a licensed pump	o installer. A copy of Part 1 of th	
Well Owner Informatio			cell Location	
Owner Name: William Livings	ston Latitude:		Longitude:	
Mailing Address: 72 Ward-Ridd	lick Road		one): Conventional Survey,	
		USGS quad, Hand-he	ld GPS, Survey-grade GPS	
<u>Tutwiler</u> MS City State	Tutwiler MS 38963		$\frac{36}{T_24N_R_4W}$	
•		Distance Direction	Nearest Town	
662-345-22 Telephone No. ()		4West	of Parchman	
Pump Type			ower Type	
Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasol	line Engine Natural Gas	
Bucket Piston	Furbine	Electric Motor Hand	I Tractor PTC	
Centrifugal Rotary	Flowing Well	Windmill Other	r (specify):	
Other (specify):		Horse Power Rating of Moto	ыт. <u>60</u>	
Date Pump Installed: $4-20-06$		Setting Depth: 70	feet	
Rated Pump Capacity: 2200 C	Ballons Per Minute	Number of Stages:	3	
Pump Test Data			leasuring Water Level Circle one	
Date Well Tested:				
Static Water Level (A):Feet B	elow Land Surface		easuring Line Steel Tape	
Pumping Water Level (B):Feet Be	elow Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet B	elow Land Surface	For flowing well, measured s	shut in head:feet	
Test Pumping Rate:G	allons 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 statement			1	

Form: OLWR-SWR-1B

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