SunflowerPCounty:	Yell Report art 1 t of Environmental Quality nd Water Resources Box 10631 IS 39289-0631 961-5210 4-6938 (fax)	For Office Use Only: Aquifer: Well #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information Owner Name Clint Weaver		11 Location 7 Longitude: <u>90</u> .36 44.6		
Mailing Address: Box 367	Method of Lat/Long (circle o			
Ruleville, MS City State Zip Code Telephone No. (
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other. Replacement				
Date well drilling started: $5-24-05$ Date well drilling completed: $5-24-05$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 38' feet above or below, (circle one) land surface Date measured: 5-25-05				
Method of Measurement (circle one) (steel taps) 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: 16 inches Type of casing: PVC Sch. 40				
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch.40</u>				
	<u>61</u> feet to			
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	Patrick	Mchin		
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				

P

If well telescopes please sketch below and show depths.

Ground Level

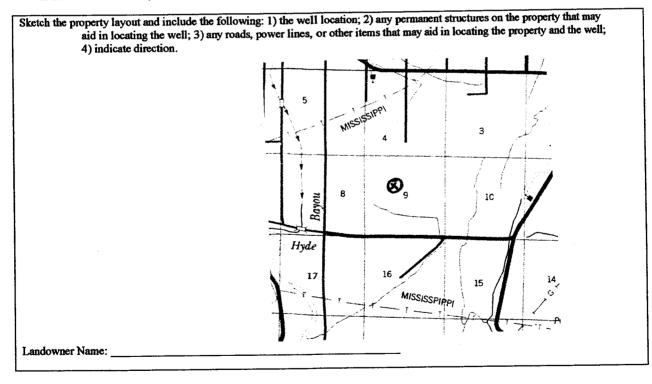
E- 110

.

٩

Description of Formations Encountered	From	То
Clay	0	45
Fine Sand	46	.55
Coarse Sand/Gravel	56	100
White Sand	101	117
	ļ	
	L	
	<u> </u>	
	ļ	
	<u> </u>	ļ
		
	<u> </u>	
	<u> </u>	-
	ļ	
	<u> </u>	

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT			
County: Sunflower Permit #:			
installation of pump. Well Owner Information Well Location			
Owner Name: Clint Weaver	Well Location BY OLWA		
Mailing Address: Box 367	Method of Lat/Long (circle one): Conventional Survey,		
Ruleville, MS 38771 City State Zip Code Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS % Sec9 Twn_22N Rng_4W Distance Direction Nearest Town 6 SWof Drew		
Pum p Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Biesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify): Horse Power Rating of Motor:			
Date Pump Installed: $5-25-05$ Rated Pump Capacity: 2000 Gallons Per Minute	Setting Depth: 70 feet Number of Stages: 2		
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 Measuring Line Steel Tape Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Well yieldedGPM with a drawdown offeet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

•

.

· · ·