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MAY 0 9 2008

Signature of Water Well Contractor

	State Well Re	eport DV	Vivr Pitice Use Only:	
county: Sunflower	Part 1	DI.	L Vier Dilice Use Only:	
Permit #: 6W42470	Mississippi Department of Env		Aquifer:	
Irrigation Equipment	Office of Land and Water		Well #: F- 144	
Driller:	P.O. Box 106: Jackson, MS 3928		, , , , , , , , , , , , , , , , , , ,	
Date drilling completed: 5-2-08	(601)961-521		L. S. Elevation:	
	(601)354-6938 (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 Informa	tion	Wel	Location 26.9	
Owner Name <u>Timmy</u> Cha		26	4 Longitude: 90 · 27 / 66.9	
Mailing Address: 183 Hwy	<u> X Method</u>	d of Lat/Long (circle o	ne): Conventional Survey,	
	U	ISGS quad. Hand-held	d GPS, Survey-grade GPS	
· · · · ·		(55/ 25	Twn 22N Rng 3W	
Ruleville M City Stat	s. 3877/ te Zip Code Distance			
Telephone No. ()	<u>4</u>	Miles <i>E</i>	of Ruleville	
	W B D			
	Well Data			
Purpose of Well (circle one) Home Ind	ustrial Public Supply Irrigati	on Fish Culture	Other:	
Date well drilling started: 5-2-08 Date well drilling completed: 5-2-08				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 45 feet above of below circle one) land surface Date measured: 5-6-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC				
Screen slot size:				
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	Valor		

Print Name of Water Well Contractor and License No.

State Well Report

RECEIVED F- 144

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Excursered From	То
Clay	34
Clay Find Sand + Grave 35 Medium Sand & Grave 46	727

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.		
	4	
~ !!	***	
Landowner Name: Jim my Chandler	¥"	

Signature of Water Well Contractor

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STATE WELL REPORT Part 2

County: Sunflower Permit#: Irrigation Equipment

BY: OLWR

For Office Use Only: Aquifer:

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

Date completed:	(601)354-6938 (fax)			
This report should be prepared by the pump installation of pump.	installer in detail and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: Jimmy Chand	Latitude:Longitude:			
Mailing Address: 1183 Hwy 8	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Ruleville Ms. 3 City State 2	877/ SW 14 SE 14 Sec 25 Twn 22N Rng 3W			
City State 2	Zip Code Distance Direction Nearest Town			
Telephone No. ()				
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Subme	rsible Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbin	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing	ng Well Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 5-6-08	Setting Denth			
Rated Pump Capacity: 2300 ± Gallons	Per Minute Number of Stages: 2			
Pump Test Data	M.d. J. C.V.			
Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Level (A):Feet Below La	1 4			
Pumping Water Level (B):Feet Below La	other (specify):			
Drawdown [(B) - (A)]:Feet Below La	nd Surface For flowing well, measured shut in head:			
Test Pumping Rate:Gallons F				
Duration of Pump Test (minimum 4 hours):	hourshours of pumping			
HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Patrick M. Chism 0695				

(if applicable) Signature of Pump Installer

