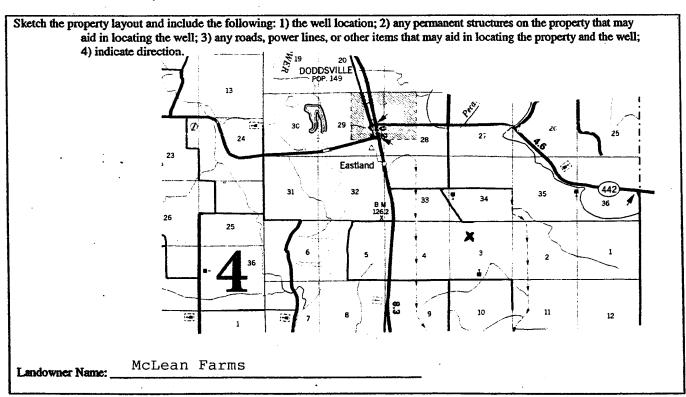
State W	Vell Report	
1	art 1 For Office Use Only:	
Mississippi Departmen	t of Environmental Quality Aquifer:	
rrigation Equipment	and Water Resources Box 10631 Well #: L / 107 133	
Driller	IS 39289-0631 L. S. Elevation:	
Date drilling completed: (601)	961-5210	
(601)35	4-6938 (fax) E-log #:	
(REIGATION COMPNENT, INC. 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	Well Location 90 29 43W	
Owner Name	33 37 58N 90 29 43W Latitude: "Longitude: ""	
Mailing Address: 3426 Amroth Drive	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Collierville, TN 38017	SE 14 NW 14 Sec 3 Twn Rng 3W	
City State Zip Code	%Rng	
901-853-3935 Telephone No. ()	Distance Direction Nearest Town 3 Miles SE of Doddsville	
Well I	Dade	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:	
Date well drilling started: Date	well drilling completed: 9-9-04 RECEVED	
	(escribe) SEF 2 0 2004	
Static Water Level: 53' feet above or below (circle one) I	and surface Date measured: $9-10-04$	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 126 Well depth: 126	Well grouted to a depth offeet	
Type of grout (circle one): Cement Gentonite Mix		
Casing length: 86' feet Casing diameter: 16"	inches Type of casing: PVC Sch. 40	
Screen length: 40' feet Screen diameter: 16"	inches Type of screen:PVC Sch. 40	
Screen slot size: .050 inches Setting depth: From_	87feet to126feet	
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped 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 on the	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level	L-174

Description of Formations Encountered	From	ⁱ To
Clay	0	28
Fine Sand	29	35
Fine Sand/gravel	36	45
Med. Sand/gravel	46	126
		1
		l

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



Patrick on Chron

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sunflower

9-10-04

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

For Office Use Only:			
Aquifer:			
Well #: 	174		
Elevation:	· · · · · · · · · · · · · · · · · · ·		

Date completed: _	9-10-04		4-6938 (fax)	Elevation:		
This report installation		the pump installer in deta	il and filed with the Departme	ent within 30 da	ys of the	
HISTANGER	Well Owner Inform	ation	Wel	ll Location		
Owner Name:	McLean Farm	ıs	Latitude:	_Longitude:		
Mailing Address:	3426 Amroth	n Drive	Method of Lat/Long (circle or	ne): Convention	al Survey,	
			USGS quad, Hand			
	Colliervill City State	e, TN 38017	SE ¼ NW ¼ S∞ 3	Twn	Rng	
	901-853-393		Distance Direction	Nearest To		
Telephone No. ()		Miles SE o	f Doddsvi	LITE	
	Ритр Туре		Po	wer Type		
	Circle one		C	circle one		
Air Lift	Jet	Submersible	Biesel Engine Gasolin	ne Engine	Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand		Tractor PTO	
Centrifugal	Rotary	Flowing Well		(specify):		
ļ	,		Horse Power Rating of Motor	<u>60</u>	RECEIVE	ED
	lled: 9-1		Setting Depth:		_feet SEP 2 0 200	n.
Rated Pump Cape	2500-3000 acity:	Gallons Per Minute	Number of Stages:	1	— , Z U 400	U4
					BYULW	/ H
	Pump Test Da			easuring Water Circle one	Level	
	l:		Air Line Electric Mea	suring Line	Steel Tape	
•		eet Below Land Surface	Other (specify):			
Pumping Water I	Level (B):Fe	et Below Land Surface				
Drawdown [(B) -	- (A)]:F	eet Below Land Surface	For flowing well, measured sl		To the state of th	
Test Pumping Ra	ite:	Gallons Per Minute	Well yielded	GPM with a	drawdown of	
Duration of Pump	p Test (minimum 4 hou	rs):hours	feet after	h	ours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Patrick M. Chism 0695						
Patrick	M. Chism 0	695	Tamp M	·man		

I HEREBY CERTIFY that the above statements are true to the b	est of my knowledge. Patrick M Chron
Patrick M. Chism 0695	Patrick Mchin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer