	• • • • • • •	
	ell Report	
	urt 1	For Office Use Only:
Mississippi Department	of Environmental Quality	Aquifer:
Demnit #.	nd Water Resources	Well #: <u>M-129</u>
Driner:	ox 10631	
W-12.40	8 39289-0631	L. S. Elevation:
	61-5210 -6938 (fax)	E-log #:
(001)554	-0750 (Iux)	Блюд н.
State Law requires that this report be prepared by the o	iriller in detail and filed w	ith the Department within
30 days of completion of drilling of the well.		
Well Owner Information		Location
Owner Name C+M Land Company	Latitude 33 28 02	" Longitudo 0
Mailing Address: P.O. Box 708	Method of Lat/Long (circle or	
·	USGS quad, Hand-held	GPS, Survey-grade GPS
Indianola Ms. 38751	<u>5W4 NW4 Soc 26</u>	Twn 19N Rng 5W
City State Zip Code	Distance Direction	Nearest Lown
Telephone No. 662 887-2555	Distance Direction Miles	of Indianola
Well D	sta	
Purpose of Well (circle one) Home Industrial Public Supply	Inightion Eich Culture	Other
		Other:
Date well drilling started: <u>9-23-08</u> Date w	ell drilling completed:	9-23-08
If flowing, method of flow regulation: Valve Other (de	scribe)	
Static Water Level:feet above of below (kircle one) la	nd surface Date measured:	
Method of Measurement (circle one) steel tape electric tape	air line other:	· · · · · · · · · · · · · · · · · · ·
Hole depth:	Well grouted to a depth of	10 feet
Type of grout (circle one): Cement Bentonite Mix		
		Duc
Casing length: <u>93</u> feet Casing diameter: <u>12</u>	_inches Type of casing:	PVC
Screen length: <u>42</u> feet Screen diameter: <u>12</u>	inches Tune of summer	PVC
•	· · · ·	
Screen slot size: <u>050</u> inches Setting depth: From	<u>94</u> feet to _/	<u>35</u> feet
Type of completion (circle all applicable): Gravel packed Underro	amed Telesconed Onen	hole Natural Development
	released of	Terra Literary et al and a second the second
Other (describe):		· · · · · · · · · · · · · · · · · · ·
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one scre	en, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron	Other:
	Source Source Mention	
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in a		
Department of Environmental Quality and/or the Mississippi Depa	rtment of Health regulations	and state laws.
Irrigation Equipment Inc. John P. Chism 0439		)
John P. Chism 0439		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor
		· · · · · · · · · · · · · · · · · · ·
		0 . 0
Note: pump has not be pump information 1	LEA INStall	cecl, 1
Dura Clausting 1	nas been i	provided.
pump internation		DEVEN
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·	•	DCT 2 2 2
	•	

108 BY: OIWR If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
Clay Fine Sand	D	28
FinelSand	29	37
Fine Sand + Gravel	27	4Z
Medium Sand	45	ŚΖ
Medrum Sana	75	120
Mcdium Sand & Gravel	127	122
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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.

M Land Company Landowner Name:

re of Water Well Contractor

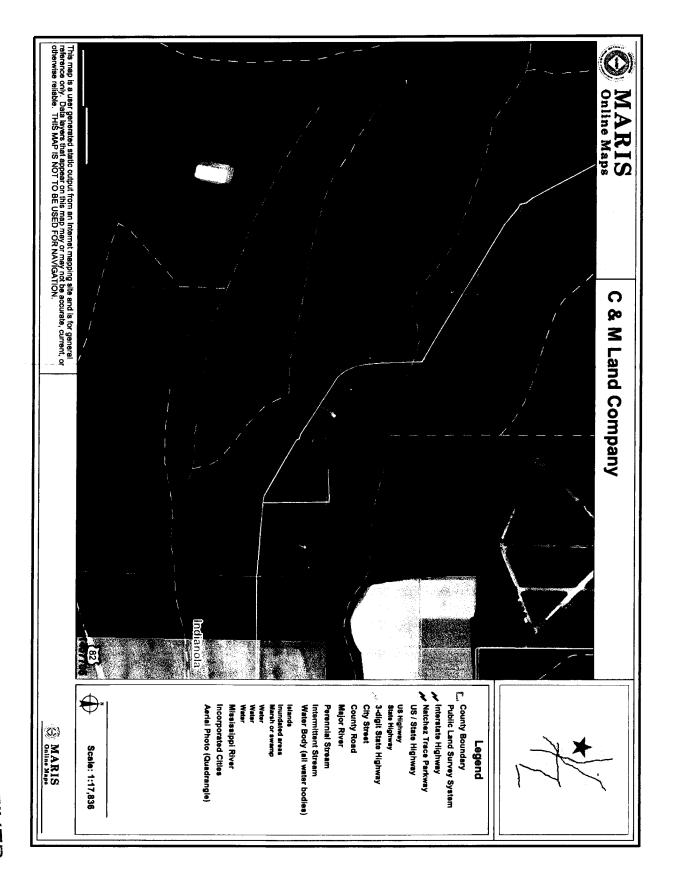
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County: <u>)</u> <u>Len f / PL/C/</u> Permit #: Irrigation Equipment Date completed: -9-23-08 (601	Part 2       For Office Use Only:         's Completion Report       Aquifer:         and Water Resources       Aquifer:         Box 10631       Well #:         MS 39289-0631       Elevation:         961-5210       Elevation:
This report should be prepared by the pump installer in det installation of pump.	ail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: C+M Land Company Mailing Address: P.O. Bux 708	Latitude:Longitude:
Mailing Address: P.O. Bux 708 -	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Indianola Ms. 38751 City State Zip Code	SW 1/ NW 1/4 Sec 25 Twn 19N Rng 5 4
City State Zip Code	Distance Direction Nearest Town
Telephone No. (662 887-2555	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel 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: 30
Date Pump Installed:	Setting Depth: 70 feet
Rated Pump Capacity: 1400 ± Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
John P. Chism 0439	
	Signature of Pump Installer

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