County: Sunflower Permit #: /	## For Office Use Only: Aquifer:		
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 33 27 72N 90 27 84W			
Owner Name Roberts Brothers Mailing Address: Box 667	Latitude: 72N 90 27, 84W Latitude: 10 Longitude: 10 Longitude: 10 Long (circle one): Conventional Survey,		
Moorhead, MS 38761 City State Zip Code Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS SW 1/4 SE 1/4 Sec 36 Twn 19N Rng 3W Distance Direction Nearest Town 3 Miles East of Moorhead		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement			
Date well drilling started: 9-8-05 Date well drilling completed: 9-8-05 If flowing, method of flow regulation: Valve Other (describe) Static Water Level: 40' feet above of below (circle one) land surface Date measured: 9-8-05			
Method of Measurement (circle one)			
Type of grout (circle one): Cement Bentonite Mix Casing length: 91 feet Casing diameter: 16 Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40		
Screen slot size:			

Underreamed Telescoped Open hole Natural Development

feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

Electric Gamma Ray Density Sonic Neutron Other:

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.

Gravel packed

0695

Other (describe):

Type of completion (circle all applicable):

Logs run (circle all applicable): (No log run

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

Top of lap pipe or reduction in casing:

Name of organization running log(s):

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SEP 15 2005

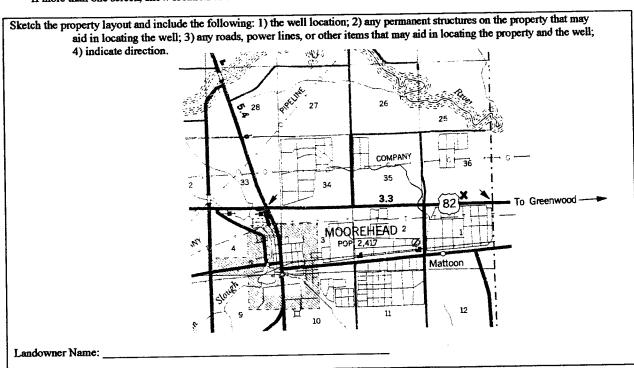
BY: OLWR

b-

Ground Level

Desc	ription of Formations Encountered	From	То
Clay		0	29
Fine	Sand	30	45
Fine	Sand Sand/gravel Sand/gravel	46	45 58 131
Med.	Sand/gravel	59	131
			\sqcup
			<u> </u>
			\sqcup

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



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sunflower Permit #: 604060 Irrigation Equipment

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:	Aquifer:
well #: 4-176	Well #:
Elevation:	Elevation:

Date completed: 3-0-03	(601)354-6938 (fax)
This report should be prepared by the pump installer installation of pump.	in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Roberts Brothers	Latitude:Longitude:
Mailing Address: Box 667	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Moorhead, MS 38761	1/41/4 Sec_ 36 _Twn_ 19N Rng_ 3W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	3MilesEast_ofMoorhead
Pum p 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: 60
Date Pump Installed: 9-8-05	Setting Depth: 80 feet
Rated Pump Capacity: 2500 Gallons Per Minu	
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	
Static Water Level (A):Feet Below Land Surfa	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 Minut	te Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hour	rsfeet after hours of pumping
I HEREBY CERTIFY that the above statements are true to the Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	e best of my knowledge. A Thick M Chiri Signature of Pump Installer

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BY: OLWR BY: OLWR