٧	Agriw	10 16 +4	un Row	
-gi	State W	ell Report Center	For Office Use Only:	
County: SUNFLOWER		art 1 t of Environmental Quality	Aquifer	
Permit #: 64 41225	Office of Land a	nd Water Resources	Well #: P- 138	
Driller: JOHN NEWCOME 0-773	· · · · · · · · · · · · · · · · · · ·	ox 10631		
Date drilling completed: 5.03-06		S 39289-0631 961-5210	L. S. Elevation:	
		4-6938 (fax)	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		Wal	Location	
Well Owner Informs	!	_		
Owner Name H.E. & S.F. Cu	2715	Latitude: 25 ° 25 ' 27		
Mailing Address: 7718 VALES	TIME	Method of Lat/Long (circle o		
			GPS Survey-grade GPS	
HORTH LITTLE RO City St	W. AZ 72217	SE 4 SE 4 Sec 12		
1		Distance Direction  V2 Miles SW	Nearest Town	
Telephone No 50/) 945-3	730	<u> </u>	of INDIANDUA	
	Well	Data		
Purpose of Well (circle one) Home In	Austrial Public Supply	Irrigation Fish Culture	Other:	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started: 5-3-06  Date well drilling completed: 5-3-06				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet	above or below (circle one)	land surface Date measured	-	
Method of Measurement (circle one)	steel tape electric tap	e air line other:		
Hole depth: 125 Well depth: 128 Well grouted to a depth of 10 feet			feet	
Type of grout (circle one): Cement	Bentonite Mix		0	
Casing length: 10 feet Casing diameter: 14 inches Type of casing: 10			Puc	
Screen length: 35 feet Screen diameter: 16 inches Type of screen: PCC  Screen slot size: 056 inches Setting depth: From 85-100 feet to 105-12 feet			Poc .	
Screen slot size: 056 inches	Screen slot size: 056 inches Setting depth: From 85-100 feet to 105 - 12 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:	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.				

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

16" casing
, , , , , , , , , , , , , , , , , , ,
_85/
-100 
-105 -125

Description of Formations Encountered	From	To
102 50,1	0	70
Mix Clay	10	40
fine Sant	90	85
med Garse Sanc	85	100
Fine Sand	100	105
CoArse Sand	10	128

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.		
T	Landowner Name: H.E. & S.F. CLICTIS PACTIBOSHIP		

Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

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 (601)354-6938 (fax)

For	For Office Use Only:		
Aquifer:			
Well #:	P-138		
Elevation:			

	- 1 0 0 0 (LLL)		
This report should be prepared by the pump installer in deta installation of pump.	ail and filed with the Department within 30 days of the		
Well Owner Information	T		
	Well Location		
Owner Name: HEESF Culvis	32.06.011 00		
•	Latitud 33-25-24 Longitude 90-39-37		
Mailing Address: 77/8 VALENTINE	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
120-11: 15D 100			
MUZIN LATTLE TOCKINK.	SE 14 SE 14 Sec 12 Twn 18 NRng 5W		
City State Zip Code			
722.19	Distance Direction Nearest Town		
54/01/5 20-			
NOTH LITTE ROCKAR.  City State Zip Code  722.17  Telephone No. 50() 945-3730	12 Miles SW of INDIANOLA		
Pump Type	Power Type		
Circle one	Circle one		
rir Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
	Tradutal Gas		
ucket Piston Turbine	Electric Motor Hand Tractor PTO		
	Tractor 1 To		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (enacify)			
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 5-29-06	10.00		
outo i unip instanco.	Setting Depth:feet		
Rated Pump Capacity: 2000 Gallons Per Minute	Number of Stages: 2		
Ganous Per Minute	Number of Stages:		
D. (2)			
Pump Test Data	Method of Measuring Water Level		
Date Well Tested No VES TRum	Circle one		
PALE WELL LESIEU? VO Y US Y -UW			
Protice Wissens V. 1743 27	Air Line Electric Measuring Line Steel Tape		
tatic Water Level (A):33 Feet Below Land Surface			
to the state of th	Other (specify):		
umping Water Level (B):Feet Below Land Surface			
Prawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
	Teet		
est Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
v ·	Or ist with a drawnown of		
Ouration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
	nours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledgen		
() 1 1 - C	1/1///		
GLEN KOND #710-P	CH Dellez		
Print Name of Pump Installer and License No. (if applicable)	Signature of Dumn Installer		

Signature of Pump Installer