Sunflower Pa	- for Office ose only.	
County: Department		
Permit#: 6W 40678 Office of Land and Irrigation Equipment P.O. Bo	d Water Resources Well #: R - 2/2	
	3 39289-0631 L. S. Elevation:	
Date drilling completed: $11-10-05$ (601)90	61-5210	
(601)354-	6938 (fax) E-log #:	
State Law requires that this report be prepared by the d 30 days of completion of drilling of the well.	riller in detail and filed with the Department within	
Well Owner Information	Well Location	
	Latitude: 33, 26, 72N, Longitude: 90, 29, 23W	
Mailing Address: Box 88	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
	NW 1/4 NW 1/4 Sec 11 Twn 18N Rng 3W	
Moorhead, MS 38761		
City State Zip Code 662-246-5171	Distance Direction Nearest Town Miles East of Moorhead	
Telephone No. ()		
Well Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement		
Date well drilling started: 11-10-05 Date well drilling completed: 11-10-05		
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 tape air line other:		
Hole depth: 126' Well depth: 126'	Well grouted to a depth offeet	
Type of grout (circle one): Cement Bentonite 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	
	See Back feet tofeet	
	reamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing: feet. If tel	escoped 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 a	accordance with all applicable requirements of the Mississippi	

Land owner contracted with Kelly Vest. Kelly Vest will install pump.

Irrigation Equipment Inc.

Patrick M. Chism

Print Name of Water Well Contractor and License No.

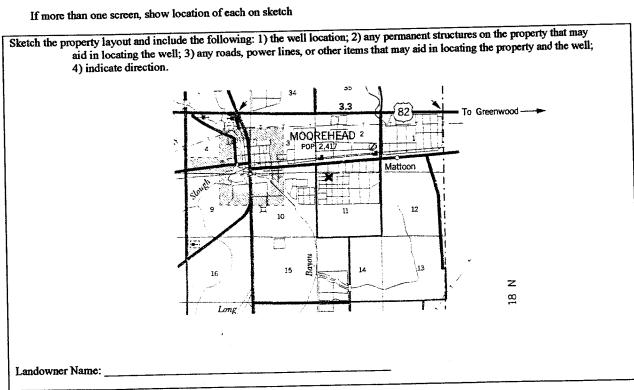
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Fine Sand	36	48
Fine Sand/gravel	49	55
Med. Sand/gravel	56	94
Fine Sand/gravel	1 95	26
Med. Sand/gravel	1103	20
	+	
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Screen 75-94 Screen 107-126	+	
Screen 10/-126	1	
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Signature of Water Well Contractor