Tallaha	tchie
	240
Permit # 6 W 40 Irrigation Driller:	Equipment
Date drilling completed:	12-13-05

State Well Report

Part 1

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 Office Use Only:	
Aquifer: $F - 52$	
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the driller in detail and filed with the Department within

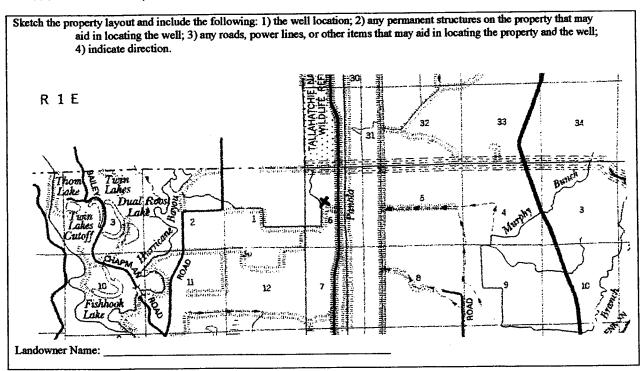
30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Yorkwood Owner Name	Latitude: 34. 03, 47. 16 Nitude: 90. 07. 52. 9
Mailing Address: 2652 Dahlia Ct.	Method of Lat/Long (circle one): Conventional Survey,
Grand Junction, CO City State Zip Code 81506 Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS 2E 2E 1/4 NW 1/4 Sec 6 Twn 25N Rng Distance Direction Nearest Town 7 Miles NW of Charleston
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 12-13-05 Date	well drilling completed: 12-13-05
If flowing, method of flow regulation: Valve Other (c	describe)
Static Water Level:feet above or felow (circle one)	land surface Date measured: 12-13-05
Method of Measurement (circle one) teel tape electric tape	air line other:
Hole depth: 116' Well depth: 116'	Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 76 feet Casing diameter: 16	inches Type of casing:PVC SCN. 40
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40
Screen slot size:inches Setting depth: From	
Type of completion (circle all applicable): Gravel packed Under	
Other (describe):	
Top of lap pipe or reduction in casing:feet. If t	
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron Other:
Name of organization running log(s):	A Minimi
I certify that the well was drilled, constructed, and completed in	accordance with all applicable requirements of the Mississappi
Department of Environmental Quality and/or the Mississippi D	epartment of Health regulations and state laws.
Irrigation Equipment Inc. Patrick M. Chism 0695	Yahres M Chr
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor



Ground Level

Description of Formations Encountered	From To
Clay	0 22
Fine Sand	23 31
Fine Sand/gravel	32 47
Med. Sand/gravel	48 112
Clay	1113116

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



Signature of Water Well Contractor

STATE WELL REPORT

Tallahatchie

Part 2 Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well #:	F-52		
Elevation	n:		

Driller:	Jackson,	MS 39289-0631 Well #: <u>F - 52</u>
Date completed:		354-6938 (fax) Elevation:
installation of numer		tail and filed with the Department within 30 days of the
Well Owner Inform	ation	Well Location
Owner Name: Yorkwood		Latitude:Longitude:
Mailing Address: 2652 Dahlia	Ct.	Method of Lat/Long (circle one): Conventional Survey,
		USGS quad, Hand-held GPS, Survey-grade GPS
Grand Junction,		SE 14 NW 14 Sec 6 Twn 25N Rng 2E
City State	Zip Code	Distance Direction Nearest Town
Telephone No. ()		7 Miles NW of Charleston
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: 60
Date Pump Installed: 12-13-05 2500-3000	5	Setting Depth: 60 feet
Rated Pump Capacity:) Gallons Per Minute	Number of Stages:1
Pump Test Data	l	Method of Measuring Water Level Circle one
Date Well Tested:		Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Fee	et Below Land Surface	
Pumping Water Level (B):Feet	t Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Fee	t Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:	_Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above states	ments are true to the best	of my knowledge

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge	
Patrick M. Chism 0695	talis M Chin	•
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

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