

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: _____
Well #: J-103
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 60040484
Irrigation Equipment
Driller: _____
Date drilling completed: 6-24-05

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
Owner Name <u>Flautt Farms</u>	Latitude: <u>33</u> ° <u>53</u> ' <u>.52N</u> Longitude: <u>90</u> ° <u>18</u> ' <u>.44W</u>
Mailing Address: <u>Box 290</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Swan Lake, MS 38958</u>	<u>SE</u> $\frac{1}{4}$ Sec <u>32</u> Twn <u>24N</u> Rng <u>1W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>South</u> of Nearest Town <u>Webb</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-24-05 Date well drilling completed: 6-24-05
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: 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 Sch. 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 77 feet to 116 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: _____ 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Patrick M Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Owner contracted with Big-D Irrigation (Greenwood, MS).
Big-D will have pump installed.

Circle 5 wire set pumps.

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BY: OLWR

J-103

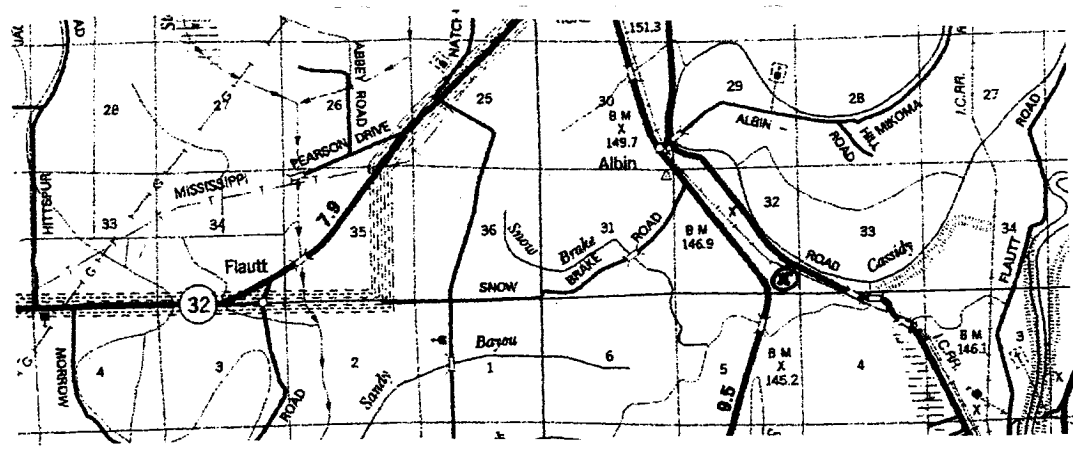
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine sand	19	25
Fine Sand/gravel	26	48
Med. Sand/gravel	49	111
Clay	112	116

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.



Landowner Name: _____

Patric M. Chiri
Signature of Water Well Contractor