

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: 0144
Well #: ~~N-75~~
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: EW 40260
Irrigation Equipment
Driller: _____
Date drilling completed: 5-17-05

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>Equen Plantation</u>	Latitude: <u>33° 49' 43N</u> Longitude: <u>90° 20' 45W</u>
Mailing Address: <u>49665 County Road 559</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Schlater, MS 38952</u>	<u>NW</u> USGS quad <u>SW</u> Hand-held GPS, Survey-grade GPS <u>1W</u>
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>25</u> Twn <u>23N</u> Rng <u>2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Glendora</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>5-17-05</u>	Date well drilling completed: <u>5-17-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>29'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>5-18-05</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>126'</u> Well depth: <u>126'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one) Cement <u>Bentonite</u> Mix	
Casing length: <u>86'</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC Sch. 40</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>87</u> feet to <u>126</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

