County:	Talla	hatchie_
	GW gation	40260 Equipment
Driller: _ Date drill	ing complete	5-17-05

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	r Office Use Only:
Aquifer:	O144
Well #:	N-75
L. S. Eleva	ntion:
E-log #: _	

quires 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 Equen Plantation	Latitude: 33 ° 49 43N " Longitude: 90 ° 20 · 45W			
Mailing Address: 49665 County Road 559	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad. Hand-held GPS, Survey-grade GPS 1W SP 1/4 SE 1/4 Sec 25 Twn 23N Rng 2W			
Schlater, MS 38952				
City State Zip Code	Distance Direction Nearest Town 3 Miles West of Glendora			
Telephone No. ()				
Well	Data			
	First Culture Other			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 5-17-05 Date v	well drilling completed: 5-17-05			
If flowing, method of flow regulation: Valve Other (c	describe)			
Static Water Level: 29 feet above or below circle one)	land surface Date measured: 5-18-05			
Method of Measurement (circle one) teel 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:			
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40			
Screen slot size: . 050 inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If to	elescoped 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				
Department of Environmental Quality and/or the Mississippi De	epartment of Health regulations and state laws.			
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M Chin			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

If well telescopes please sketch below and show depths.

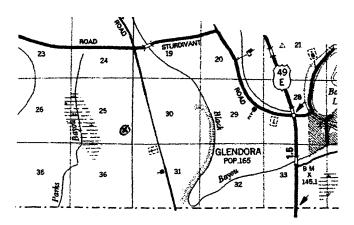
N-75

Groun	A T	8776
t mount	п.	EVE

Desc	ription of Formations Encountered	LIOII	10_
Clav		0	21
Fine	Sand	22	65
Fine	Sand/gravel	66	69
Med.	Sand/gravel Sand/gravel	70	126
	924.02		
<u> </u>			
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 			1
			
1		ı	1

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.



andowner Name:		

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Tallahatchie Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit#: 60 40260
Irrigation Equipment
Driller: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer: O144		
Well #: 15		
Elevation:		

Date completed: 5-18-05	(601)961-5210 (601)354-6938 (fax)	Elevation:	
This report should be prepared by the pur installation of pump.	up installer in detail and filed with	the Department within 30 days of	the
Well Owner Information		Well Location	
Owner Name: Equen Plantation	1 Latitude:	Longitude:	
Mailing Address: 49665 County Ro	oad 559 Method of Lat/	Long (circle one): Conventional Sur	vey,
744	USC	GS quad, Hand-held GPS, Survey-gr	ade GPS
Schlater, MS 3 City State	Zip Code SE _M SI NW SI Distance	Nearest Town	2W 1W
Telephone No. ()	3Miles	West of Glendora	
Pump Type Circle one		Power Type Circle one	
Air Lift Jet Sub	nersible Diesel Engine	Gasoline Engine Na	atural Gas
Bucket Piston Turb	Electric Motor	Hand Tra	ector PTO
Centrifugal Rotary Flow	ving Well Windmill	Other (specify):	
Other (specify):	Horse Power Ra	ating of Motor: 60	
Date Pump Installed: 5-18-05			
Rated Pump Capacity: 2500-3000 Gallo	ns Per Minute Number of Stag	es:1	
Pump Test Data Date Well Tested:		Method of Measuring Water Level Circle one	
Static Water Level (A): Feet Below	Air Line	Electric Measuring Line Stee	el Tape
Pumping Water Level (B):Feet Below	Other (specify):		
Drawdown [(B) - (A)]:Feet Below	Land Surface For flowing wel	ll, measured shut in head:	feet
Test Pumping Rate:Gallon	ns Per Minute Well yielded	GPM with a drawdo	wn of
Duration of Pump Test (minimum 4 hours):	hours	feet after hours of	pumping
I HEREBY CERTIFY that the above statements a	re true to the best of my knowledge.		

I HEREBY CERTIFY that the above statements are true to the b	Jahub M Chin	
Patrick M. Chism 0695	Patrile M Chin	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	