County:	Washington	
Permit#: <u>GW 41043</u> Irrigation Equipment		
1rr1g Driller:	ation E	quipment
Date drillin	g completed:	4-28-06

# 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: H251	
Well #: <b>782</b>	
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.

30 days of completion of drilling of the well.			
Well Owner Information	Well Location		
Owner Name Sidney Williams	Latitude: 33 20 0,1.1 " Longitude: 90 . 55, 29 . 7		
Mailing Address: 2601 Tribbett Road	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Leland MS 38756	W 1/4 Sec 9 Twn 17N Rng W		
City State Zip Code	Distance Direction Nearest Town 5 Miles South of Leland		
Telephone No. $( 662-686-2297 $	5 Miles South of Leland		
Well I	L Data		
Purpose of Well (circle one) Home Industrial Public Supply	Trigation Fish Culture Other:		
Date well drilling started: 4-28-06 Date w	well drilling completed: 4-28-06		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 19' feet above of below circle one) land surface Date measured: 5-2-06			
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 114 Well depth: 114' Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 74 feet Casing diameter: 16	inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: 40 feet Screen diameter: 16	_inches Type of screen:PVC_Sch_40		
Screen slot size: o 50 inches Setting depth: From	75feet to114feet		
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	Yatub M (him		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

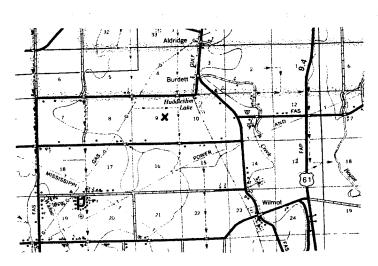
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From To
Clay	0 20
l Fine Sand	21   35
Fine Sand/gravel	36 50
Fine Sand/gravel Med. Sand/gravel	51 111
Clay	112114

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

#### **GW-41043**

## STATE WELL REPORT

### Part 2

County: Washington Permit #: 6w 4/643 Irrigation Equipment

4-28-06 Date completed:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only: Aquifer: H251 Well#: Elevation:

Copy information from block on Part 1 (601)35	4-6938 (fax)			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: Sidney Williams	Latitude: 33 20 01.1 Longitude: 90 55 29.7			
Mailing Address: 2601 Tribbett Road	Method of Lat/Long (check one): Conventional Survey,			
Leland MS 38756 City State Zip Code 662-686-2297 Telephone No. ( )	USGS quad Hand-held GPS_, Survey-grade GPS			
Pump Type	Power Type			
Circle one  Air Lift Jet Submersible	Circle one 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: 5-2-06	Setting Depth: 60 feet			
Rated Pump Capacity: 2500-3000 Gallons Per Minute	Number of Stages:1			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested:	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A):Feet Below Land Surface	Other (specify):			
Pumping Water Level (B):Fcet Below Land Surface				
Drawdown [(B) – (A)]:Feet 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 statements are true to the best of my knowledge.  Patrick M. Chism 0695  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer  Form: OLWR-SWR-1B				

RECEIVED

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BY: OLWR