Permit #: Irrigation Equipment Driller: Date drilling completed: 9-10-04

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#: B-145		
L. S. Elevation: S.4		
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.

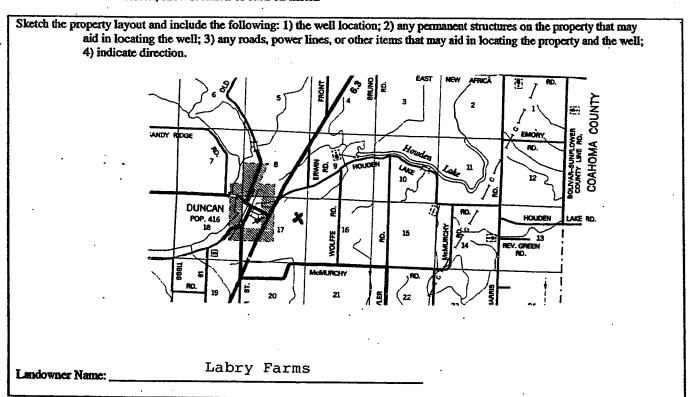
30 days of completion of drilling of the well.		
Well Owner Information	34 Well Location	
Owner Name Labry Farms	Latitude: 33. 02, 22N Longitude: 90. 43, 52W,	
Mailing Address: 5763 Summer Trees Drive	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
M	SE \sqrt{NE} \sqrt{Sec} $17 \sqrt{Twn}$ $25N \sqrt{Rng}$ $5W$	
Memphis, TN 38134 City State Zip Code	1414 Sec Iwn Rng	
City Suite 24 South	Distance Direction Nearest Town Miles East of Duncan	
Telephone No. ()	Milesotot	
. Well 1	Data :	
D. C. C. C. L. C. Hanne To be said Diskin Committee	Arrigation Fish Culture Other:	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: 9-10-04 Date	well drilling completed: $9-10-04$	
If flowing, method of flow regulation: Valve Other (c	lescribe)	
Static Water Level: 35 feet above or foelow (circle one)	land surface Date measured:	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 110' Well depth: 110'		
Hole depth: Well depth:		
Type of grout (circle one): Cement Rentonite Mix		
Casing length: 80 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40	
Screen length: 30 feet Screen diameter: 16		
Screen slot size: . 050 inches Setting depth: From		
Type of completion (circle all applicable): Gravel packed Under	areamed 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): Nó log run Electric Gamma Ra	y 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 Department of Health regulations and state laws.		
Irrigation Equipment Inc. Patrick M. Chism 0695	to the mode	
FACITOR M. CHISH 0095	- Janes of Course	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Customer contracted with Peacock Pump & Repair. 662-846-0384 Mailed copy 9-17-04.

Ground Level	13-1	45	
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Description of Formations Encountered Clay Med. Sand/gravel	From	
Clay .	10	80
Med. Sand/gravel	81	110
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Permit #: 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

For Office Use Only:		
Aquifer:		
well #: B-145		
Elevation:		

(601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Latitude: 33, 02, 21 N Longitude: 90, 43, 52 W Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Memohi's TN. 38/34 City State Zip Code SE MNE 4 Sec 17 Twn 25N Rng 5W Distance Direction Nearest Town Telephone No. 662, 902-3717 Miles East of Puncan Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Turbine) Electric Motor Bucket Piston Hand Tractor PTO Centrifugal Flowing Well Rotary Windmill Other (specify): Horse Power Rating of Motor: Other (specify): _ 9-16-04 Date Pump Installed: Setting Depth: 2600 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Steel Tape **Electric Measuring Line** Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet 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 yielded GPM with a drawdown of feet after hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Peacock's Pump + Repair Frais	Jonny Peocock
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer