County:	Boliva	r
Permit #: Irri Driller:	GW 4173 gation Equ	5 ipment
Date dril	ling completed: 4-	6-07

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 #: <u>E - 165</u>			
L. S. Elevation:			
E-log #:			

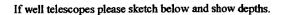
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location		
Owner Name Joe Ferguson	Latitude: 33 ° 55 ' 35" Longitude: 90 ° 40 ' 19 "		
Mailing Address: 262 Buckley Jones Road	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Cleveland MS 38732	9SE 1/4 SW 1/4 Sec 13 Twn 24N Rng 5W		
City State Zip Code	Distance Direction Nearest Town		
662 042 4420	6 Miles SE of Shelby		
Telephone No. ()			
TT/-181	D-4-		
Well	Data (
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: 4-6-07 Date v	well drilling completed: 4-6-07		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 39' feet above or below (circle one)!	and surface Date measured: 4-7-07		
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 115 Well depth: 115	Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonte Mix			
Casing length: 75 55 feet Casing diameter: 10	inches Type of casing: PVC160		
Screen length: 40 feet Screen diameter: 10	inches _ Type of screen:PVC160		
Screen slot size:inches Setting depth: From _	5 6 feet to 95 feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If te	lescoped 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.	har mirely of Treath Information and State 1840		
Patrick M. Chism 0695	Patrol McC		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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MAY 0 1 2007

BY: OLWR

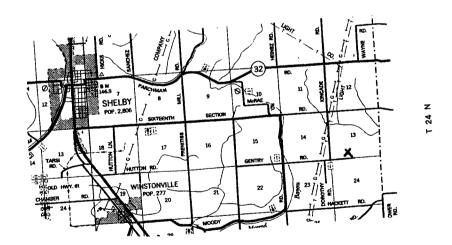


Ground Level

Description of Formations Encountered	From	То
Clay	0	18
Clay Fine Sand/gravel Med. Sand/gravel	19	48
Med. Sand/gravel	49	95
Clay	96	1115
	1	
	1	
	<u> </u>	
		† 1
	 	
		
	+	
	_	1-1
	+	╅
	+	+-1
	+	+
	-	1-1
	+	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

Bolivar Pemit#6W41935 Irrigation Equipment Date completed: $\underline{4-6-0.7}$

Part 2

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:				
Well#:	E-	165		
Elevation	ı:			

			54-6938 (fax)	i	
This report installation	should be prepared by	the pump installer in det	ail and filed with the Dep	artment within 30 d	ays of the
	Well Owner Inform	ation		Well Location	
Owner Name:	Joe Ferguso	n	Latitude:	Longitude:	
Mailing Address:	262 Buckle	y Jones Road	Method of Lat/Long (cir	rele one): Convention	nal Survey,
			USGS quad,	Hand-held GPS, Su	rvey-grade GPS
	Cleveland		¼¼ Se	c 13 Twn 24	N Rng 5W
	662-843-443		j .	ion Nearest To	
Telephone No. (_)		6 MilesSE	ofShe	Гру
	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine G	asoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor I	land	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify): _			Horse Power Rating of I	Motor: 15	
Date Pump Install	ed: 4-7	<u>-07</u>	Setting Depth:	70	_feet
Cated Pump Capa	city: 750	_Gallons Per Minute	Number of Stages:	1	
W. W. T.	Pump Test Data		Method o	of Measuring Water Circle one	Level
Date Well Tested:Feet Below Land Surface		Air Line Electric	-	-	
umping Water Le	evel (B):Fee	t Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measur	red shut in head:	feet	
Test Pumping Rate:Gallons Per Minute			Well yielded	GPM with a	drawdown of
hiration of Pump	Test (minimum 4 hours)	hours	1	fter h	

Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown	of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pun	ping
I HEREBY CERTIFY that the above statements are true to the best o	f my knowledgef	
Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	Patril M Cl. Signature of Pump Installer	ECEIVED

MAY 0 1 2007

BY: OLWR