

County: Bolivar
 Permit #: GW 37076
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-30-08

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 #: E-170
 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: <u>Tim Lusk Associates</u>	Latitude: <u>33° 58' 09.4"</u> Longitude: <u>90° 40' 55.7"</u>
Mailing Address: <u>77 Freeman Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Fulton</u> <u>KY</u> <u>42041</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4</u> Sec <u>2</u> Twn <u>24N</u> Rng <u>5W</u>
Telephone No. ()	SW NE Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Shelby</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-30-08 Date well drilling completed: 7-30-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 7-31-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From See back feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

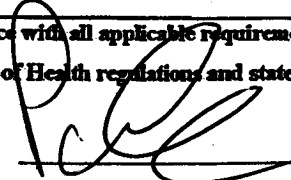
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

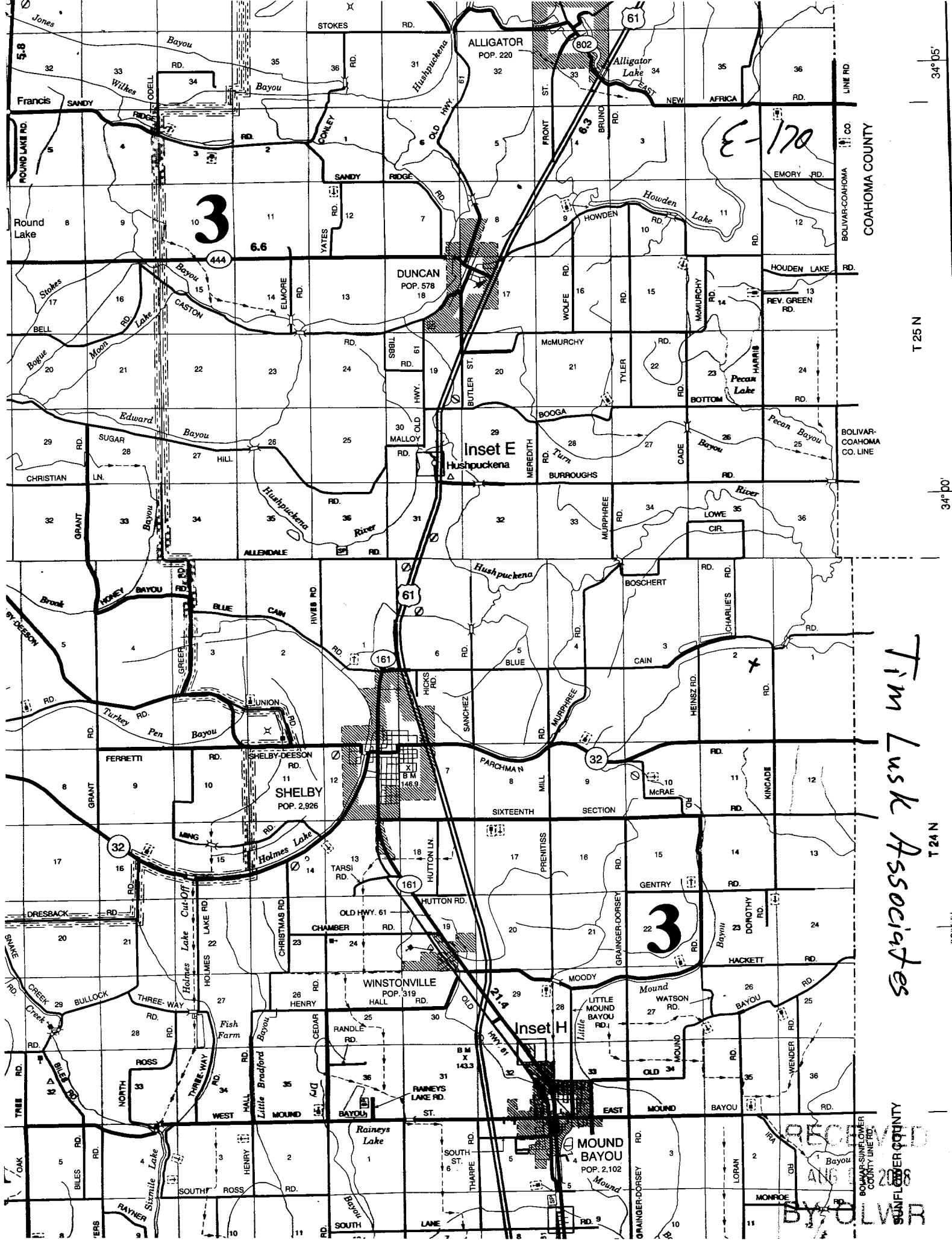
Name of organization running log(s): _____

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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor 

RECEIVED
 AUG 08 2008
 BY: OIWR



34° 05'

T 25 N

34° 00'

T 24 N

34° 00'

Tim Lusk Associates

RECORDED
BOLIVAR-SUNFLOWER COUNTY LINE RD.
ANG 2008
BY OLIVER