County:	Bolivar	
Permit # QW - 40994 Irrigation Equipment Driller:		/ oment
Date drillir	ng completed: $4-4-$	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:	-
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 E.M. Farms	Latitude: 33 48 08.5 Longitude: 54 08.2
Mailing Address: 243 Yale Ext.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
	(SON)
Cleveland MS 38732	NW 1/4 Sec 35 Twn 23NRng 7W
City State Zip Code 662-846-7656	Distance Direction Nearest Town
002-846-7656 Telephone No. ()	Miles NW of Pace
Weil 1	l Data
Purpose of Well (circle one) Home Industrial Public Supply	Integration Fish Culture Other:
Date well drilling started: 4-4-06 Date w	well drilling completed: 4-4-06
If flowing, method of flow regulation: Valve Other (d	lescribe)
301	and surface Date measured: $4-4-06$
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 135' Well depth: 135'	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 95 feet Casing diameter: 16	inches Type of casing:PVC Sch . 40
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): Onavel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: feet. If tel	escoped 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 a	ccordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Dep	
Irrigation Equipment Inc.	/) / /
Patrick M. Chism 0695	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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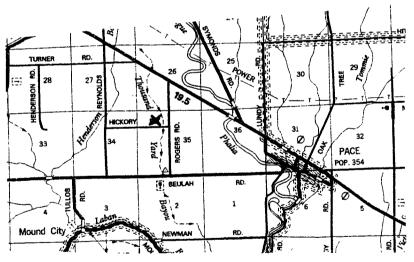
BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	44
Fine Sand/gravel	45	55
Med. Sand	56	83
Med. Sand/gravel	84	105
Fine Sand	1106	111
Med. Sand/gravel	1112	135
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Screen 86-105 Screen 116-135	┼──	\vdash
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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.



Landowner Name:	
Landowije Hame.	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Bolivar Permit #6W 40994 Irrigation Equipment Driller:

Date completed: 4-4-06

Copy information from block on Part 1

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 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	F-210
•	

This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of	
Well Owner Information	Well Location
Owner Name: E.M. Farms	Latitude: Longitude:
Mailing Address: 243 Yale Ext.	Method of Lat/Long (check one): Conventional Survey,
Cleveland MS 38732 City State Zip Code 662-843-9714 Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS NE½NW½ Sec35T_23NR7W_ Distance Direction Nearest Town 3MilesNWofPace
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston (Turbine)	Hectric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 60
Date Pump Installed: 4-4-06	Setting Depth: 70 feet
Rated Pump Capacity: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):Feet Below Land Surface	Other (apoetry).
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	Patris M Chin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR