State W	ell Report	n or v o b	
County.	art 1	For Office Use Only:	
Permit #: MS-6/D-4/6/8 Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:	
Driller:	30x 10631		
7 12 06 Jackson, IV	IS 39289-0631 961-5210	L. S. Elevation:	
(601)35	4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within	
Well Owner Information	Wel	Location	
Owner Name Pemble Farms	Latitude: 33,50 34.	3, Longitude:	
Mailing Address: Box 428	Method of Lat/Long (circle or	ne): Conventional Survey,	
	1 - 7	GPS, Survey-grade GPS	
Merigold MS 38759	SW 1/4 NW 1/4 Sec 17	$\sqrt{\text{Twn}^2 3N} \sqrt{\text{Rng}^6 W}$	
City State Zip Code 662-748-2339	Distance Direction 7 Miles West	Nearest Town of Merigold	
Telephone No. ()			
Well Purpose of Well (circle one) Home Industrial Public Supply		Replacement	
Date well drilling started: 7-12-06 Date v	well drilling completed: $7-1$	2-06	
If flowing, method of flow regulation: Valve Other (c	lescribe)		
Static Water Level: 42 feet above of below (circle one)	land surface Date measured:	7-13-06	
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 123 Well depth: 123	Well grouted to a depth of _	10feet	
Type of grout (circle one): Cement Benton te Mix			
Casing length: 83 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: <u>. 050</u> inches Setting depth: From _			
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Oper	hole Natural Development	
Top of lap pipe or reduction in casing: feet. If to	descoped or more than one sci	een, describe on back of page	

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

0695

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Name of organization running log(s):

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

RECEIVED

Signature of Water Well Contractor

JUL 3 1 2006

BY: OLWR

If well telescopes please sketch below and show depths.

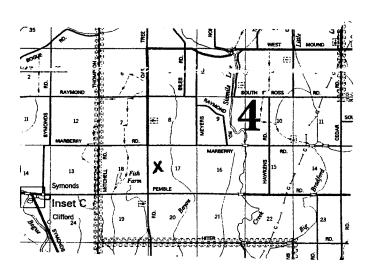
Ground Level

Old Well 20' East

Description of Formations Encountered		
Clay	0	19
Fine Sand	20 26	25 48
Fine Sand/gravel	26	48
Fine Sand Fine Sand/gravel Med. Sand/gravel	49	123
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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:		

STATE WELL REPORT

Bolivar County: Permit#: GWAV668 Irrigation Equipment 7-12-06

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

For Office Use Only:		
Aquifer:	•	
Well #:	3-220	
Elevation:		

Copy information fro	om block on Part 1		01)961-5210 354-6938 (fax) Elevation:	
This part of the rep report must be atta	port must be compl iched and both part	eted by a licensed water we is filed with the Departmen	ll contractor or a licensed pump installer. A copy of Part t at the above address within 30 days of well completion.	1 of the
	Well Owner Info		Well Location	
Owner Name: Pe	emble Farm	ns	Latitude:Longitude:	
Mailing Address:	Box 428		Method of Lat/Long (check one): Conventional Surve	"y
			USGS quad, Hand-held GPS, Survey-grade	GPS
	Merigold	MS 38759 ate Zip Code	¼¼ Sec17 T_23N R_6W	
C	ity Stz	ate Zip Code	Distance Direction Nearest Town	
	662-748-2			
Telephone No. (7 West Merigold of Merigold	<u></u>
Pump Type Circle one		Power Type Circle one	<u></u>	
Air Lift	Jet	Submersible	Diesel Engine Gasoline Engine Nat	tural Gas
Bucket	Piston	Turbine	Rectric Motor Hand Trac	ctor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):			Horse Power Rating of Motor: 60	
Date Pump Installed: 7-13-06		Setting Depth: 70 feet		
		3000 Gallons Per Minute	Number of Stages: 1	
Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: _			The state of the s	.1 T
Static Water Level ((A):	Feet Below Land Surface		el Tape
Pumping Water Lev	el (B):l	Feet Below Land Surface	Other (specify):	
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 drawdo	wn of
Duration of Pump T	'est (minimum 4 ho	urs):hours	feet afterhours or	fpumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge 0695 Patrick M. Chism Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable) Form: draw ENED