State W	ell Report		
	art 1	or Office Use Only:	
Mississippi Departmer	t of Environmental Quality Aquifer:		
	nd Water Resources Well #:	Q 196	
Deitler	Sox 10631   L. S. Elec	vation:	
1 2 6 07 1	961-5210	ration.	
(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 with the D	epartment within	
Well Owner Information	Well Location	ı	
Owner Name Dean C. Forence	Latitude: <u>33 ° 4   '07</u> " Longitu	nde: 90 · 44 · 28 "	
Owner Name Boone Farms 1312 Memorial Drive		1	
Mailing Address:	Method of Lat/Long (circle one): Conve	entional Survey,	
	USGS quad, Hand-held GPS, Sur	rvey-grade GPS	
	NE 1/4 NE 1/4 Sec 8 Twn_	21N Rng 5W	
Cleveland MS 38732	SE NW	1	
City State Zip Code 662-843-3733	Distance Direction Near	est Town 1e	
Telephone No. ()			
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irigation Fish Culture Other:		
Date well drilling started: 3-6-07 Date	vell drilling completed: 3-6-	07	
If flowing, method of flow regulation: Valve Other (c	escribe)	<del></del>	
Static Water Level: 52 feet above or below (circle one)	and surface Date measured: $3-9-$	07	
Method of Measurement (circle one) steel tape electric tape	air line other:		
122		1	
Hole depth: 123 Well depth: 123	Well grouted to a depth of10	feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 83 feet Casing diameter: 16	_inches Type of casing:PVC_S	SCh.40	
Screen length: 40 feet Screen diameter: 1	inches Type of screen: PVC	C Sch.40	
Screen slot size:inches Setting depth: From _	84 feet to 123	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.

RECEIVED
MAR 2 6 2007

Signature of Water Well Contractor

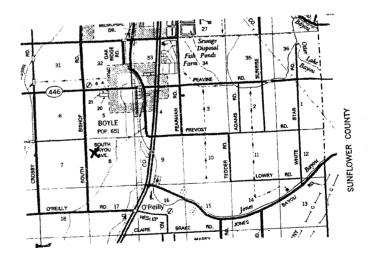
BY OLWR

Ground Level

Description of Formations Encountered	From	То
Clay	0	19
Fine Sand	20	35
Fine Sand/gravel Med. Sand/gravel	36	50
Med. Sand/gravel	51	123
	<b></b>	
	<b>-</b>	
		<b> </b>
	<del> </del>	
	<del> </del>	<del> </del>
	+	
		<del> </del>
	+	
	+	
	<del>                                     </del>	
	<del> </del>	<b></b>
	<del>                                     </del>	
	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

## Part 2

Bolivar

3-6-07

Irrigation Equipment

County: 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 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#: Q 196		
Elevation:		

Well Owner Information	Well Location		
Owner Name: Boone Farms	Latitude: Longitude:		
Mailing Address: 1312 Memorial Drive	Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GI		
Cleveland MS 38732  City State Zip Code	NE 1/4 NE 1/4 Sec 8 Twn 21 N <sub>Rng</sub> 5W		
662-843-3733 Telephone No. ()	Distance Direction Nearest Town  1		
Pump Type Circle one	Power Type Circle one		

	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	ng of Motor: 6	0
Date Pump Installed:	3-	9-07	Setting Depth:	80	feet
Rated Pump Capacity:	2800 ±	Gallons Per Minute	Number of Stages:	1	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	Chick the	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):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 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	Pakus MCC	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	HECEIVE