1/2 × 1	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 4-3-07	(601)961-5210		T 1 #-	
	(601)354	1-6938 (fax)	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 Informa		Well	Location	
Owner Name Serry Short		Latitude: 33°32 18-5 Longitude: 90°50, 22.4 Method of Lat/Long (circle one): Conventional Survey, 22		
Mailing Address: 216 Porter	- Bayon Rc.			
		USGS quad, Hand-held	GPS, Survey-grade GPS	
-1	20-2	SW 41/E4 Sec 32		
Shaw MS 38773		Distance Direction	Nearest Town	
1602-754-	33/5	Miles SW	of Choctaw	
Telephone No. (OG) 2				
	Well I)ata		
Purpose of Well (circle one) Home Indi	ustrial Public Supply	Fish Culture	Other:	
Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 28 feet above of below (circle one) land surface Date measured: 4-4-07				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement	Bentonits Mix			
Casing length: 84 feet Casing diameter: 16 inches Type of casing: 501.40				
Screen length: 40 feet Screen diameter. 16 inches Type of screen: 5Ch, 40				
Screen slot size: <u></u>				
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 at		partment of Flealth regulation	s and state laws.	
Irrigation Equipme Patrick M. Chism	ent Inc. 0695	VIII n	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		labril IV	1 Ch.	
Print Name of Water Well Contractor and License No.		Signature of	Water Well Contractor	

State Well Report

Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources

P.O. Box 10631

Permit#: QUY U

Driller:

Equipment

For Office Use Only:

Aquifer:

Well #:

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BY: OLWA

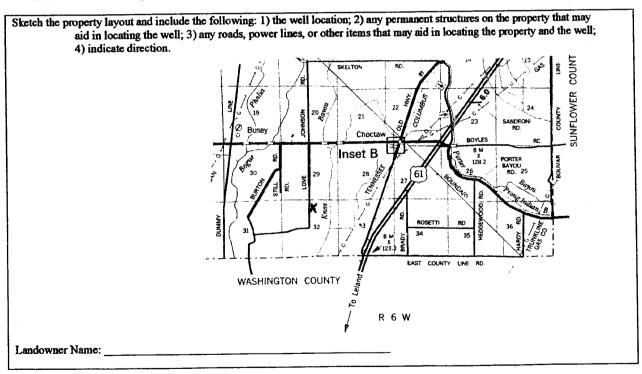
T.-

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay.	0	20
Fine sand + gravel medium sand + gravel	21	35
Fine Sand + gravel	136	54
medium sand + gravel	55	126
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: DOIVAC

Permit #6 W 4/731

Irrigation Equipment
Driller:

Date completed: 4-3-07

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#: 7-191		
Elevation:		

Date completed: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location erry Shor Owner Name: Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec Twn Rng Distance Direction Nearest Town Telephone No. Miles of Pump Type Power Type Circle one Circle one Air Lift Let Diesel Engine Submersible Gasoline Engine **Natural Gas** Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: 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 Drawdown [(B)-(A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after ___hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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