	State Well Deport		
County: Dante	State Well Report Part 1	For Office Use Only:	
Permit #: 60 41639 M	ississippi Department of Environmental Quality	Aquifer:	
Driller: Della Colle of Truc	Office of Land and Water Resources P.O. Box 10631	Well #: A-109	
	Jackson, MS 39289-0031	L. S. Elevation:	
Date drilling completed: 3-1300	(601)961-5210 (601)354-6938 (fax)	E-log #:	
	• • • • • • • • • • • • • • • • • • • •		
State Law requires that this report 30 days of completion of drilling of	be prepared by the driller in detail and filed v the well.	vith the Department within	
Well Owner Information	We	Il Location	
Owner Name Cap, agrify apri Mailing Address: 6750 Poplar		Longitude 90.14 973.	
Mailing Address: 6100 Popular	Method of Lat/Long (circle o	ne): Conventional Survey,	
Sute 170	. ( . 1	GPS, Survey-grade GPS	
	Freinghis Taken 38138 NN 43E 4 Sec & 7 Twn 15 Rng 10 h		
Telephone No. 801, 758 ~ 335		of John Convarant	
	Well Data		
Pumase of Well (circle one) Home Industri	ial Public Supply Irrigation Fish Culture	Other	
Date with defiling and defiling	Date well drilling completed:	~ 19 07	
		_	
	Other (describe)		
<u> </u>	or below (circle one) land surface Date measured:	374-07	
Method of Measurement (circle one) steel t	ape electric tape air line other:	•	
Hole depth: 100 Well depth:	Well grouted to a depth of	) Ofeet	
Type of grout (circle one): Cement B	entonite Mix	<u> </u>	
Casing length: (9 0 feet Casing di	iameter: 16 inches Type of casing: _	PUC	
Screen length: 1 O feet Screen d	inches Type of screen:	PUC	
Screen slot size: 0039 inches		Q_() feet	
Type of completion (circle all applicable): G	avel packed Underreamed Telescoped Open	hole Natural Development	
0	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			
I certify that the well was drilled, constructed	d, and completed in according with all applicable	requirements of the Mississippl	
Department of Environmental Quality and/o	r the Mississippi Department of Health regulations	and state laws	
PLAN PYLE O	674 An 27 2007 Mar	MAR 2 8 2007	
Print Name of Water Well Contractor and License No.			
41639	MANAGEMENT DISTRICT	₩	

State W	ell Report	
County: Vesta	art 1 For Office Use Only:	
Mississippi Departmen	t of Environmental Quality Aquifer:	
CA COLL IN THE STATE OF EATHER	nd Water Resources Well #: $A-109$	
Drine: 102 VVVV 114 A A A V C 1 WILL A	0X 10031	
	IS 39289-0631	
	4-6938 (fax) E-log #:	
(337,33		
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 Cap, agrify spulgs;	Latitude: 34 . 57 . 884" Longitude: 90 . 14 . 273,	
Mailing Address: 6750 Poplarau.	Method of Lat/Long (circle one): Conventional Survey,	
- Sute 7/0	USGS quad, Hand-held GPS, Survey-grade GPS	
marphis Talen 38138	NN 14 JE 14 Sec & 7 Twn 1 S Rng 10 W	
City \ State Zip Code	Distance Direction Negrest Town	
Telephone No. (101) 758 - 335 (	_S_Miles_N_ of Joke Cornarous_	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: 3-13-0 Date	well drilling completed: 3-13-07	
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level:feet above or below (circle one)	and surface Date measured: 37407	
Method of Measurement (circle one) steel tape electric tape	-	
Hole depth: 130 Well depth: 100	Well grouted to a depth offeet	
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 60 feet Casing diameter: 16	_inches Type of casing:PVC	
-	P1/C	
<b>*</b> - <b>*</b> * *	Screen length: 10 feet Screen diameter: 10 inches Type of screen: PVC	
Screen slot size: 0039 inches Setting depth: From 60 feet to 100 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 in the constructed and complete in the constructed and co		
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.		
1) 1) 1) 1) 1 E ( ) 24 2007		
THAT PICE 0617 MAR 28 200		
Print Name of Water Well Contractor and License No.  Signature of Well Contractor and License No.		

if well telescopes please sketch below and show depths.

Ground Level	6w4	1639

Description of Formations Encountered	From	To
Clan	0	55
Sand Cours Son	155	75
Course Grand	175	100
· ·		
·		
•		

If more than one screen, show location of each on sketch

aid in locating the well; 3) any roads, power	the well location; 2) any permanent structures on the property that er lines, or other items that may aid in locating the property and the	t may e well;
4) indicate direction.		
	NORTHFOLK	
The same of the sa		
no de la companya della companya della companya de la companya della companya del		5
	Lakecomment	
Landowner Name:		

Signature of Water Well Contractor

RECEIVED MAR 2 8 2007 BY: OLWR

## STATE WELL REPORT

## 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

(601)961-5210

(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well#: A-	109
Elevation:	

This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Department Within 30 days of the
Well Owner Information	Well Location
Owner Name: CARS.	Latitude: 3457884 Longitude098 14973
Mailing Address: 6150 Poplar and	Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Frand-held OPS, Survey-grade GPS
City State Zip Code	NW 1452 14 Sec 27 Twn 15 Rng W
Telephone No. ( <u>Po)</u> 158 -335/	Distance Direction Nearest Town  5 Miles Of Joke Counant
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 Rating of Motor:
Date Pump Installed: 3, 18-7	Setting Depth:
Rated Pump Capacity: 2500 Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
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

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

County: 1

Date completed: 3

Signature of Pump In

MAR 2 8 2007 BY: OLWR