Permit #: <u>(000 409 3 8</u> Irrigation Equipment Driller: Date drilling completed:	Jackson MS 30280-0631		
30 days of completion of drilling of the well. Well Owner Information			Location
Owner Name Flemming Farms		Latitude: 33 16 59	9". Bongitude: 90 • 11 · 53.
		Method of Lat/Long (circle o	9 ⁿ , Bongitude: <u>90 •11 ·53 ·</u> 9 ne): Conventional Survey,
Mailing Address: Box 218			
		-	IGPS, Survey-grade GPS
Cruger MS	38924	¼¼ Sec	³ Twn_17N_Rng_1E
City Sta	38924 ate ZipCode	Distance Direction	Nearest Town of Cruger
Telephone No. ()			w <u>cruger</u>
	Well	Data	
Purpose of Well (circle one) Home Ind Date well drilling started: 3 If flowing, method of flow regulation: Va Static Water Level: 5' feet a Method of Measurement (circle one) Hole depth: 115 Well de Type of grout (circle one): Cement	B-16-06 Date water alve Other (above or below (circle one) bove or below (circle one) cel tape electric tape epth:115	well drilling completed: describe) land surface Date measured: air line other: Well grouted to a depth of	16-06 <u>3-16-06</u>
	$(\bigcirc$		PVC
Casing length: 75 feet Cas			
	een diameter: <u>10</u>	7.0	- · · ·
Screen slot size:inches		76feet to	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 to	elescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable): No log r			
Name of organization running log(s): I certify that the well was drilled, const	ructed, and completed in	accordance with all applicabl	e requirements of the Mississip
Department of Environmental Quality			
Irrigation Equipment Inc.			
Patrick M. Chism Print Name of Water Well Contractor and	0695	- Fafus N	of Water Well Contractor

-

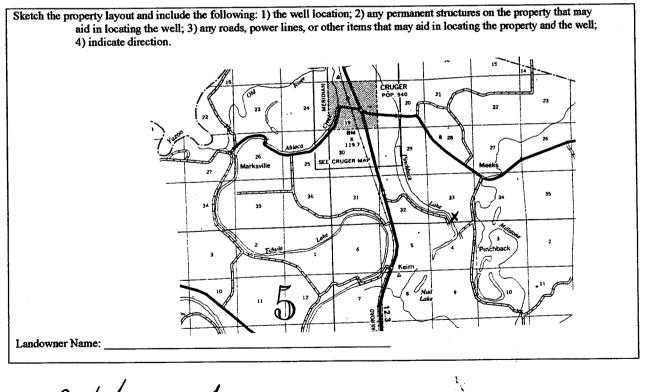
RECEIVED MAR 2.7 2006 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay/Fine Sand	0 36 46 62	35 45 61 115

B-

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



Signature of Water Well Contractor

STATE WELL REPORT				
Permit #: <u>6</u> <u>0</u> <u>40938</u> <u>Irrigation Equipment</u> Date completed: <u>3-16-06</u> <u>Backson</u> <u>County: Pump Installer</u> Mississippi Department <u>Pump Installer</u> Mississippi Department <u>Pump Installer</u> <u>Office of Land</u> <u>Po.</u> <u>Jackson</u> <u>(601</u>	Part 2 For Office Use Only: 's Completion Report Aquifer: nt of Environmental Quality Aquifer: and Water Resources Box 10631 MS 39289-0631 Well #:)961-5210 Elevation:			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name Flemming Farms	Latitude:Longitude:			
Mailing Address: Box 218	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 33 T 17NR 1E			
Cruger MS 38924				
City State Zip Code	Distance Direction Nearest Town			
	$\frac{3}{\text{Miles}} \underbrace{\text{SE}}_{\text{of}} \underbrace{\text{Cruger}}_{\text{cruger}}$			
Telephone No. ()	Milesof			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Rectric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 25			
Date Pump Installed: 3-16-06	Setting Depth:70feet			
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages:1			
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head: feet			
Test Pumping Rate: Gallons Per Minute	Well yielded GPM 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 Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Pathin M. Chim. Signature of Pump Installer Form: OLWR-SWR-1B			

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