County:	Holmes
Permit #: Irrig Driller:	Gu40687 ation Equipment
_	ng completed: 11-15-05

## State Well Report

## Part 1

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 #: _ 6-56_		
L. S. Elevation:		
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

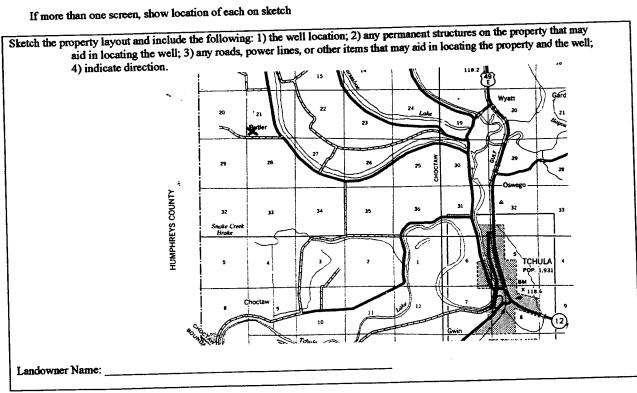
30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name O'Neal Planting Company	Latitude: 33.13 .67N Longitude 0 .18.64W			
5068 Outside Horseshoe Road Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,			
_	USGS quad, Hand-held GPS, Survey-grade GPS			
m.h.l. 20460	SW 4 SW 4 Sec 21 Twn 16N Rng 1W			
Tchula, MS 39169				
City State Zip Code	Distance         Direction         Nearest Town           7         Miles         NW         of Tchula			
Telephone No. ()_				
Well I	) ata			
WELL &				
	Irrigation Fish Culture Other:			
Date well drilling started: 11-15-05 Date well drilling completed: 11-15-05				
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 17' feet above or below (circle one) la	and surface Date measured: 11-17-05			
Method of Measurement (circle one) (steel tape electric tape	air line other:			
Hole depth: 121' Well depth: 121				
	well ground to a deput of			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 81 feet Casing diameter. 16	inches Type of casing: PVC Sch. 40			
Screen length: 40 feet Screen diameter: 16				
Screen slot size:050inches Setting depth: From	See Back tofeet			
Type of completion (circle all applicable): Gavel packed Underr	eamed 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.	Signature of Water Well Contractor			

UO6 An

RECEIVED

DECOUNTS BY: OLWE Ground Level

Description of Formations Encountered	From	То
Clay	0	15
Fine Sand	16	35
Fine Sand/gravel	36	51
Med. Sand/gravel (	152	1-79
Fine Sand	80  91	1 31
Med. Sand/gravel	191	2
	┼──	$\vdash$
Sanoan 70-79		
Screen 70-79 Screen 92-121		1
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		1



## STATE WELL REPORT

## Holmes County:

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 #:	<b>G</b> - 5	<u>(, </u>		
Elevation	ı:			

Date completed: 11-17-05		01)961-5210 354-6938 (fax) Elevation:	
This report should be prepared b installation of pump.	y the pump installer in de	etail and filed with the Department within 30 days of the	
Well Owner Information		Well Location	
Owner Name: O'Neal Planting Company 5068 Outside Horseshoe Road		Latitude: Longitude:	
Mailing Address:		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS	
Tchula, MS		SW 1/2 SW 1/2 Sec 21 Twn 16N Rng 1W	
City Stat	te Zip Code		
		Distance Direction Nearest Town	
Telephone No. ()		7 Miles NW of Tchula	
Pump Type Circle one		Power Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston	Turbing	Blectric Motor Hand Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):		Horse Power Rating of Motor: 40	
Date Pump Installed: 11-17-0		Setting Depth: 60 feet	
Rated Pump Capacity:		Number of Stages: 2	
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 Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

DEC 0 5 2005

BY: OLWA