State V	Vell Report			
	For Office Use Only:			
County Denote De	nt of Environmental Quality Aquifer:			
Irrigation Equipment po	and Water Resources Box 10631 Well #: <u>G - 58</u>			
Driller:	MS 39289-0631 L. S. Elevation:			
· · · · · · · · · · · · · · · · · · ·)961-5210			
(601)3	54-6938 (fax) E-log #:			
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within			
Well Owner Information	Well Location			
Owner NameO'Neal Planting	Latitude:' Longitude:' "			
5068 Outside Horseshoe Road Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	NE 1/4 NE 1/4 Sec 34 Twn 16N Rng 1W			
Tchula MS 39169				
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles NW of <u>Tchula</u>			
Telephone No. ()				
Well	Data			
	6			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: <u>3-6-07</u> Date	well drilling completed: $3-6-07$			
If flowing, method of flow regulation: Valve Other ((describe)			
Static Water Level: <u>16'</u> feet above or the form (circle one)	land surface Date measured: $3-6-0.7$			
Method of Measurement (circle one) speel tap electric tap	e air line other:			
	Well grouted to a depth of feet			
Casing length: <u>69</u> feet Casing diameter: <u>10</u>	inches Type of casing:			
Screen length: <u>40</u> feet Screen diameter: <u>10</u>	inches Type of screen:			
Screen slot size:inches Setting depth: From	70 <u>feet to 109</u> feet			
Type of completion (circle all applicable): Gravel packed Under	erreamed 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 Department of Environmental Quality and/or the Mississinni D				
Department of Environmental Quality and/or the Mississippi Department of Herith regulations and state laws. Irrigation Equipment Inc.				
Patrick M. Chism 0695	Vatur MCC			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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If well telescopes please sketch below and show depths.

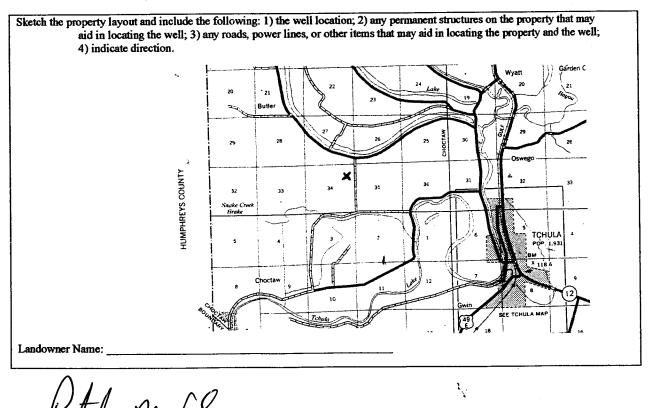
Ground Level

Description of Formations Encountered Clay Fine Sand Med. Sand Med. Sand/gravel Clay	From To 0 27 28 57 58 77 78 107 108109

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



Signature of Water Well Contractor

STATE WELL REPORT				
County: Holmes	Part 2 Pump Installer's Completion Report	For Office Use Only:		
Pemit# <u>004158</u>	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:		
Irrigation Equipment	P.O. Box 10631 Jackson, MS 39289-0631	Well#: 6-58		
Date completed:3-6-07	(601)961-5210 (601)354-6938 (fax)	Elevation:		

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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	
Owner Name:O'Neal Planting	Latitude: Longitude:	
5068 Outside Horseshoe Road Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Tchula MS 39169	$\underline{\text{NE}_{4} \text{ NE}_{4} \text{ Sec}_{34} \text{ Twn } 16\text{N}_{\text{Rng}} 1W}$	
City State Zip Code		
	Distance Direction Nearest Town	
Telephone No. ()	Miles NW of	

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	20	
Date Pump Installed:	3-6-	-07	Setting Depth:	70	feet
Rated Pump Capacity:	1150 ±	_Gallons Per Minute	Number of Stages:	1	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:			
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:fect		
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 bes	st of my knowings.	
	Patrick M. Chism 0695	Yahl MCC	
l	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
			RECEIVED

MAR 2 6 2007 BY: OLWR