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) 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 O'Neal Planting	Latitude: "Longitude: ""	
Mailing Address: Outside Horseshoe Road	eshoe Road Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Tchula MS 39169	NE 1/SW 1/4 Sec 34 Twn 16N Rng1W	
City State Zip Code Telephone No. ()	Distance Direction Nearest Town 4 Miles NW of Tchula	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply rigation Fish Culture Other: Date well drilling started: 3-6-07 Date well drilling completed: 3-6-07		
If flowing, method of flow regulation: Valve Other (c	describe)	
Static Water Level: 9' feet above or below (circle one) land surface Date measured: 3-6-07		
Method of Measurement (circle one) deel tape electric tape air line other:		
Hole depth: 117 Well depth: 117	Well grouted to a depth of 10 feet	
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 77 feet Casing diameter: 12		
Screen length: 40 feet Screen diameter: 12	inches Type of screen: PVC 160	
Screen slot size:032 inches Setting depth: From _	78feet_to117feet	

Underreamed

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.

Electric Gamma Ray Density Sonic Neutron Other:

Type of completion (circle all applicable):

Logs run (circle all applicable): No log run

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

Top of lap pipe or reduction in casing:

Name of organization running log(s):

Gravel packedi

0695

Other (describe):

Signature of Water Well Contractor

Natural Development

Telescoped Open hole

feet. If telescoped or more than one screen, describe on back of page

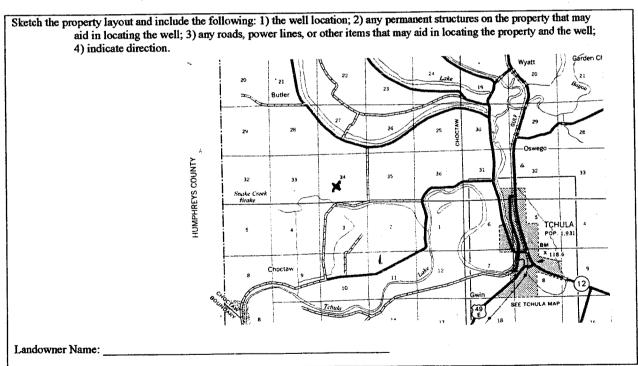
RECEIVED

MAR 26 2007

Ground Level

Description of Formations Encountered	From	То
Clav	0	17
Fine Sand	18	
Med. Sand	48	
Fine Sand	68	
Med. Sand	72	117
	 	
	 	
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Holmes County: 3-6-07 Date completed:

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

For Office Use Only:		
Aquifer:		
well#: <u>G-59</u>		
Elevation:		

(001)5	534-0938 (I2X)	
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	NE 14 SW 14 Sec 34 Twn 16N Rng 1W	
City State Zip Code	% SecIwnRng	
· 	Distance Direction Nearest Town	
Telephone No. ()	4 Miles NW of Tchula	
Pum p Type	Power Type	
Circle one	Circle one	
Air Lift 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: 40	
Date Pump Installed: 3-6-07	Setting Depth: 80 feet	
Rated Pump Capacity: 1600 ± 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 kno Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer