ž	/
dy:	Holmes
mit#:_	41584
/rrig	ation Equipment
Date drillis	g completed: $3-5-07$

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 #: 460				
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.					
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	SE 14 SW 14 Sec 27 Twn 16N Rng 1W				
Tchula MS 39169 City State Zip Code	Distance Direction Nearest Town 5 Miles NW of Tchula				
Telephone No. ()					
Weil	Data				
Purpose of Well (circle one) Home Industrial Public Supply					
Date well drilling started: 3-5-07 Date	well drilling completed: 3-5-07				
If flowing, method of flow regulation: Valve Other (c	lescribe)				
Static Water Level: 20 feet above or below (circle one)	land surface Date measured: 3-6-07				
	air line other:				
Hole depth: 127 Well depth: 127	Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 87 feet Casing diameter: 16					
Screen length: 40 feet Screen diameter: 16	inches Type of screen:PVC Sch . 40				
Screen slot size:inches Setting depth: From_	ee Back feet to feet				
Type of completion (circle all applicable): Gravel packed Unde	1				
Other (describe):					
Top of lap pipe or reduction in casing feet. If to					
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 Mississippi Department of Health regulations and state laws.					
Irrigation Equipment Inc. Patrick M. Chism 0695	Patris Breching				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

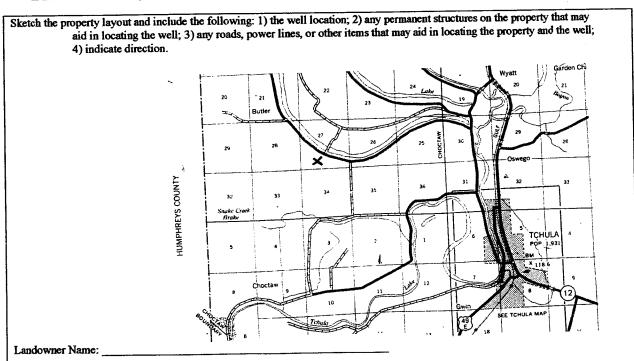
41584

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clav	0	27
Finé Sand	28	67
Med. Sand	68	87
Med. Sand/gravel	88	101
Med. Sand	108	12.4
		\vdash
.050 Screen 88-107	_	\vdash
.050 Screen 88-107 .032 Screen 108-127		\vdash
- 032 Screen 100-127	_	\Box
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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 Permit # GW 4/5 8 4 Irrigation Equipment Date completed: 3-5-07

Pump Installer's Completion Report Mississippi Department of Environmental Quality

fississippi 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 #: 6-60		
Elevation:		

(001 <i>p</i> .			
This report should be prepared by the pump installer in det installation of pump.	ail and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: O'Neal Planting	Latitude: Longitude:		
5068 Outside Horseshoe Road Mailing Address:			
Maining Auditess.	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Tchula MS 39169	SE 14 SW 14 Sec 27 Twn 16N Rng 1W		
City State Zip Code			
	Distance Direction Nearest Town		
Telephone No. ()	5 Miles NW of Tchula		
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: 60		
Date Pump Installed: 3-6-07	Setting Depth: 70 feet		
Rated Pump Capacity: 2800 ± Gallons Per Minute	Number of Stages:1		
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.				
İ	Patrick M. Chism 0695	Tales III		
Print Name of Pump Installer and License No. (if applicable)		Signature of Pump In	staller	200 PM AL 100

MAR 26 2007