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11 1	State W	Vell Report	For Office Use Only:
County: Holmes		Part 1	-
Permit # (12378	Office of Land	nt of Environmental Quality and Water Resources	Aquifer:
Irrigation Equip	oment P.O.	Box 10631	weil #: <u>1-24</u>
Date drilling completed: 3-18	Jackson, N	MS 39289-0631	L. S. Elevation:
Date utiling completed: <u>270</u>	(601)35)961-5210 54-6938 (fax)	E-log #:
State Law requires that t	this report be prepared by the	driller in detail and filed w	ith the Department within
30 days of completion of	drilling of the well.		ten ene peparement within
Well Owner	~	Wel	Location
Owner Name <u>VGYE</u>	Farms	Latitude: 33 . 15 52.	Longitude: <u>90 ° 10 , 46</u>
Mailing Address: P. O. B	0x 55	Method of Lat/Long (circle or	e): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
	M- 389711	NW1/4 SE 1/4 Sec_ 10	Twn /6 N Rng / E
City	<u>////<i>S.</i> 38924</u> State ZipCode		-
Telephone No. 662 458	8-1090	Distance Direction Miles	of <u>Cruger</u>
	1010		
	Well	Data	
Purpose of Well (circle one) Home	e Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started:	-18-08 Dates	well drilling completed	-18-08
			10 00
If flowing, method of flow regulati			2-24 00
Static Water Level: 4	_feet above of below (circle one) I	and surface Date measured:	5-24-08
Method of Measurement (circle on			······································
Hole depth:	Well depth: 116	Well grouted to a depth of	10 feet
Type of grout (circle one): Cem	ent Bentonite Mix		
Casing length: 76 feet	Casing diameter: 10	inches Tomo of easily	PUR
11.0		inches Type of casing:	<u> </u>
Screen length: <u>40</u> feet	Screen diameter:	inches Type of screen:	FVC
Screen slot size: .050 ji	nches Setting depth: From	feet to/	<u>16</u> feet
Type of completion (circle all appli	icable): Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casi	ng:feet. If tel	escoped or more than one scre	en, describe on back of page
Logs run (circle all applicable) No	olog run Electric Gamma Ray	Density Sonic Neutron (Other:
	-		71
Name of organization running log(s	s)		
Name of organization running log(s I certify that the well was drilled,	constructed, and completed in a		
Name of organization running log(s I certify that the well was drilled, Department of Environmental Qu	constructed, and completed in a uality and/or the Mississippi Dep		
Name of organization running log(s I certify that the well was drilled,	constructed, and completed in a uality and/or the Mississippi Dep Dment Inc		
Name of organization running log(s I certify that the well was drilled, Department of Environmental Qu Irrigation Equip	constructed, and completed in a uality and/or the Mississippi Dep Dment Inc n 0695	partment of Health regulations	

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If well telescopes please sketch below and show depths.

Ground Level

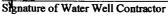
Description of Formations Encountered	From	То
Clay Medium Sand & Gravel Clay	0	58
Medium Sand + Gravel	59	113
Clay	114	116
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	-1	
		<u>├</u> ──┤
		↓

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Farms ave Landowner Name:

Ket



MAR 2 8 2008 BY: OLWR

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H-54

	STATE WELL REPORT	
county: Holmes	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #: (() () () () () () () () () () () () ()	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)	Aquifer:

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: <u>Waye Farms</u>	Latitude:Longitude:
Mailing Address: <u>P.O. Box 55</u>	Method of Lat/Long (circle one): Conventional Survey,
Cruger Ms, 38924	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> ¹ /4 <u>SE</u> ¹ /4 Sec <u>10</u> Twn <u>16N</u> Rng <u>1E</u>
Telephone No. (662) 458 - 1090	Distance Direction Nearest Town <u>4 Miles</u> <u>SE</u> of <u>Cruger</u>

	Pump Ty Circle on			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	g of Motor: <u>3</u> (2
Date Pump Installed: _	3-2	4-08	Setting Depth:	70	feet
Rated Pump Capacity:	1150	Gallons Per Minute	Number of Stages:		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	
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:
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 Patrick M. Chism 0695	of my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	RECEIVE

MAR 2 8 2008 BY: OLWR