

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)

County: Holmes
Permit #: 642429107
Irrigation Equipment
Driller:
Date drilling completed: 3-31-08

For Office Use Only:
Aquifer:
Well #: Q-68
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: <u>Bailey Company</u>	Latitude: <u>33° 01' 49.5"</u> Longitude: <u>90° 21' 82.0"</u>
Mailing Address: <u>220 E Madison St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Yazoo City Ms. 39194</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 25 Twn 14N Rng 2W</u>
Telephone No. ()	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Thornton</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-31-08 Date well drilling completed: 3-31-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 4-9-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From See back feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed 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 [Signature]

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STATE WELL REPORT

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
 (601)354-6938 (fax)

County: Holmes
 Permit #: 6642467
 Irrigation Equipment
 Driller: _____
 Date completed: 3-31-08

For Office Use Only:

Aquifer: _____
 Well #: Q-68
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

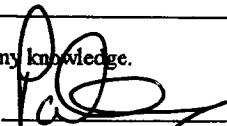
Well Owner Information	Well Location
Owner Name: <u>Bailey Company</u> Mailing Address: <u>220 E. Madison St.</u> <u>Uzoo City Ms. 39194</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 25 Twn 14N Rng 2W</u> Distance Direction Nearest Town <u>4 Miles SW of Thornton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-9-08</u> Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

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 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

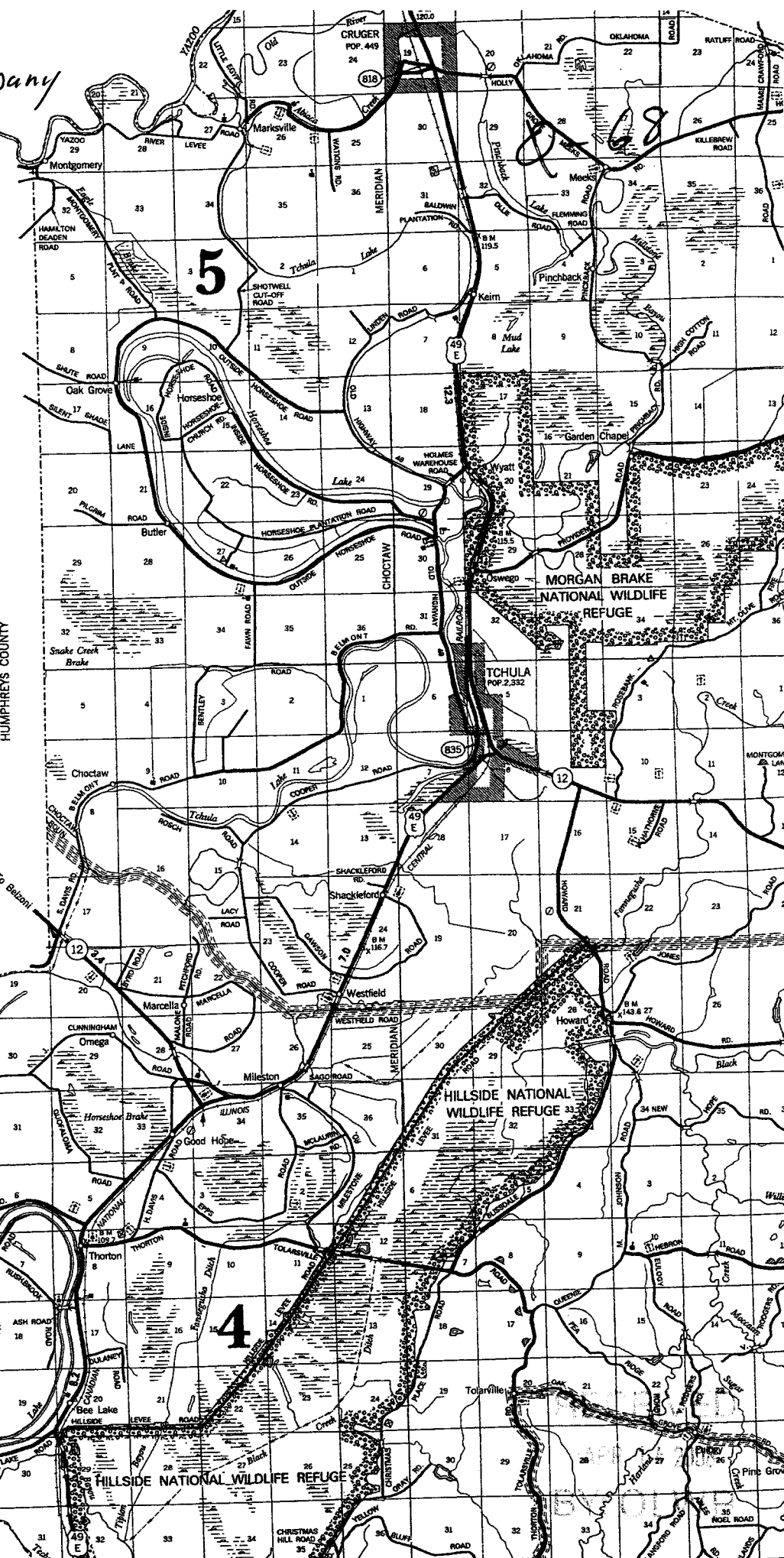

 Signature of Pump Installer

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Bailey Company Map

- AGOS ROAD E2
- WELTON ROAD C2
- MILESTONE ROAD C1, D1
- MISSIONARY RD. C4
- HOLLY MOORE RD. W8
- MONTGOMERY LANE C2
- MONTGOMERY PNT ROAD A1, B1
- MOORE HILL RD. D6, E5
- MOORE ROAD A3
- MT. OLIVE ROAD B3
- MT. SNAI ROAD E8
- NARBORS ROAD D3
- NEW HOME ROAD C2, C3, D3
- NEWPORT ROAD D4, E3, E4
- NICHOLSON RD. E4
- NOEL ROAD D2
- NORTH ROAD C3
- OAK GROVE ROAD D2
- ODOM ROAD C3
- OLD BALANCE DUE ROAD A6
- OLD HIGHWAY A9 A1, B1, B2, C2
- OLD TCHALA RD. C3
- OLD WILSON ROAD C6
- OLIE ROAD A5
- OREGON RD. C3
- OUTSIDE HORSESHOE ROAD B1, B2
- OWENS CUT-OFF ROAD D4
- OWENS WELL ROAD C4, D4
- PEA RIDGE ROAD D2
- PEADOCK LAKE B4
- PETERSON RD. A3
- PHILLIPS RD. A5, B3
- PHILIPSTON ROAD A1
- PICKENS-GARNETT ROAD D4
- PERCE ROAD E2
- PILOGRAM CHURCH ROAD C6, C5
- PILOGRAM REST ROAD B6, C6
- PILOGRAM ROAD B1
- PINCHBACK ROAD A2, B2
- PIELINE ROAD D3
- FITCHFORD RD. C1
- PLANTATION ROAD B1
- PLASANT RIDGE ROAD C4
- PLUTO ROAD D1
- PRICE ROAD E5, E3
- PROVIDENCE ROAD E2
- FULLEY RD. C3
- QUEENE JOHNSON ROAD C2, D2
- QUADALAMA ROAD C1, D1
- RABBIT TRACK ROAD A1
- RANDLETOWN ROAD B3
- RATUFF ROAD C2
- RATUFF ROAD A2
- RAYNER RD. C4
- RE MALHEE ROAD E4
- RYNE ROAD C6
- RICHARD TRAVIS ROAD D2
- ROCKPORT ROAD C4
- ROGERS RD. D2
- ROGERS ROAD E2
- ROSCH RD. C3
- ROSEBANK-MT. OLIVE ROAD B2, C2, B3
- ROSS RD. B7
- RUSHBROOK ROAD C1
- S. DAVIS ROAD C1
- SAGO ROAD C1
- SALEM ROAD E4
- SAND HILL ROAD C4
- SHACKLEFORD ROAD C1, C2
- SHADY GROVE ROAD D6, E9
- SHADY LAKE ROAD E4
- SHOTWELL CUT-OFF ROAD B1
- SILENT SHADE LAKE B1
- SIMPSON ROAD C5
- SMITH BARLEY ROAD B4
- SMITH ROAD E2
- SNOW ROAD C5
- SPELL RD. D3
- SPRINGHILL ROAD E4
- SPRING BRANCH RD. E4
- SPRING ROAD D4, D5
- STATE PARK ROAD D4, D5
- STEPHENS LN. D5
- STOCKYARD ROADS E4
- STOVER ROAD C5
- STRAN ROAD C5
- STRIKE RD. E3
- STROKER CEMETERY ROAD C4
- STROUD ROAD D4, D5
- SUBROCK ROAD C4
- SWEETWATER ROAD B4, C4
- TARREY CREEK RD. C4, D4
- THOMAS ROAD E3
- THORNTON TOLARVILLE ROAD D1, D2
- THURMOND FIELD RD. C4
- THURMAN ROAD A6
- TRELLY ROAD D4
- TURBEVILLE ROAD D2
- UPPER LOREWILLE RD. C3
- V. ROGERS RD. D2
- VANARSDALE RD. E4
- VICTOR BYRD ROAD D3
- VILLAGE ROAD B3, B4
- WADE COOPER ROAD A6
- WADE ROAD B5
- WASH BAILEY ROAD B4
- WATKINS RD. A1
- WEBSTER CREEK ROAD E3
- WELLS RD. C4, D4
- WEST HILL ROAD D6
- WESTFIELD ROAD C1
- WHEELER RD. E6
- WILEY RD. E3
- WYNNIE BYRD ROAD E4
- YATES ROAD D3
- YAZOO RIVER LEVEE ROAD A1
- YELLOW BLUFF ROAD D1, D2, E1



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T 14 N

T 16 N

T 15 N

HUMPHREYS COUNTY

HUMPHREYS COUNTY

To Gibson