County: Humphreys Permit#: 6 0 40480 Irrigation Equipment Driller: 7-1-05

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:
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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner NameDanny Cordell	Latitude:°' Longitude:°'			
Mailing Address: 1230 Montgomery St.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Inverness, MS 38753	SW _{1/4} SW 1/4 Sec 15 Twn 16N Rng 5W			
City State Zip Code	Distance Direction Nearest Town 7 Miles SW of Isola			
Telephone No. ()				
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: $7-1-05$ Date	well drilling completed: 7-1-05			
If flowing, method of flow regulation: Valve Other (c				
Static Water Level: 34' feet above or below (circle one)				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Rentonite Mix				
	inches Type of casing:PVC			
Screen length: 40 feet Screen diameter: 10	inches Type of screen: <u>PVC 160</u>			
Screen slot size:	6 feet to 125 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	Patris M Chini			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

RECEIVED

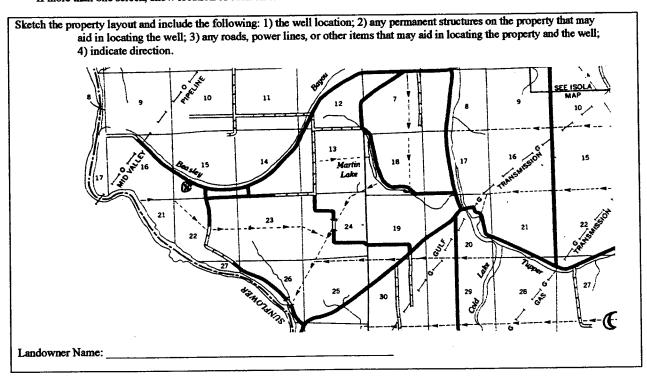
JUL 2 1 2005

BY: OLWR

Ground Level

Desc	ription of Formations Encountered	From	То
Clay		0	29
Fine	sand	30	38
Fine	Sand/gravel	39	65
Med.	sand Sand/gravel Sand/gravel	66	125
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

County: Humphreys Permit#: _____ Irrigation Equipment Driller: _____ Date completed: 7-1-05

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)061-5210

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For Office Use Only:	
Aquifer:	
Well#: B-232	
Elevation:	

Date completed: 7-1-05	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		
This report should be prepared by the pump inst installation of pump.	taller in detail and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: Danny Cordell	Latitude:Longitude:		
Mailing Address: 1230 Montgomery S	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Inverness, MS 38</u> City State Zip C	753 SW 1/2 SW 1/2 Sec 15 Twn 16N Rng 5W		
662-265-5130	Distance Direction Nearest Town		
Telephone No. ()			
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	5		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing W	cell Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 10		
Date Pump Installed: 7-1-05	Setting Depth: 70 feet		
Rated Pump Capacity: 500 Gallons Per I	· · · · · · · · · · · · · · · · · · ·		
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 S	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land S	Surface For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per I	Minute Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	on of Pump Test (minimum 4 hours): hours feet after hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my Mandwiedge.	
Patrick M. Chism 0695	Vatrick M Chun	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	DECEN
		TILOLI