County: Humphreys		at I of Environmental Quality	Aquifer:	
Permit #6W-40964	Trinombippi Deparament of Language			
Irrigation Equipment	P.O. Box 10631		well #: <u>\$\mu - 239</u>	
Driller:			L. S. Elevation:	
Date drilling completed: $3-17-06$	(601)961-5210			
	(601)354-6938 (fax) E-1		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			Location	
Well Owner Informa				
Owner Name Mimmye W. G			Latitude: 33.15 34.8, Longitude: 37 26.4W	
Mailing Address: C/O Bill T	oler	Method of Lat/Long (circle on	e): Conventional Survey,	
Box 443	USGS quad, Hand-held GPS, Survey-grade GPS		GPS, Survey-grade GPS	
	20752	NW 1/4 SW 1/4 Sec 4	Twn16NRng_4W	
<u> </u>	MS 38/53	Distance Direction	Nearest Town	
-	•	_	of Isola	
Telephone No. (/5			
·				
	Well I	Pata		
Purpose of Well (circle one) Home Ind	ustrial Public Supply	krigation Fish Culture	Other:	
Date well drilling started: 3-17-06 Date well drilling completed: 3-17-06				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 28' feet above or below (circle one) land surface Date measured: 3-22-06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 123 Well depth: 123' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 83 feet Casin	ng diameter: 10	_inches Type of casing:	PVC	
Screen length: 40 feet Scre	en diameter: 10	_inches Type of screen:	PVC	
Screen slot size: . 050 inches	Setting depth: From	See Back feet to	feet	
Type of completion (circle all applicable): Gavel 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): 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 hws.				
Irrigation Equipm		11/11.	. (/ /	
Patrick M. Chism	0695	Water N	l W /	

State Well Report

Part 1

Humphreys

Print Name of Water Well Contractor and License No.

For Office Use Only:

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Signature of Water Well Contractor

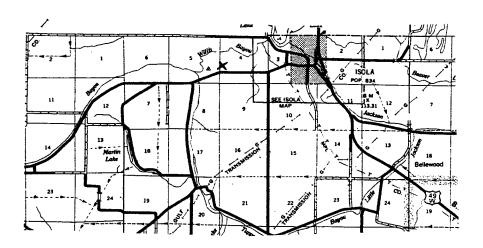
APR 0 6 2006

Ground Level

Description of Formations Encountered	From	То
Clay		25.
Fine Sand	26	35
Fine Sand/gravel	36	45
Med. Sand/gravel	46	95
Fine Sand	96	103
Med. Sand/gravel	104	123
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<u>Screen 74-93</u>		L{
Screen 104-123		
		
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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.



Landowner Name:

Signature of Water Well Contractor

STATE WELL REPORT

County: Humphreys

Permit#: 6W-40964 Trrigation Equipment Driller: ____

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#: B-234			
Elevation:			

Date completed: 3-17-06 (601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Mimmye W. Goode Latitude: Longitude: Mailing Address: c/o Bill Toler Method of Lat/Long (check one): Conventional Survey Box 443 USGS quad____, Hand-held GPS___, Survey-grade GPS___ NW $_{1/4}$ SW $_{1/4}$ Sec $_{4}$ T $_{1}$ 16N $_{R}$ 4W Inverness, MS 38753 Zip Code Direction Distance Nearest Town Telephone No. (662-265-5775 2_{Miles} West of Isola **Pump Type** Power Type Circle one Circle one (Submersible Air Lift Jet Diesel Engine Gasoline Engine Natural Gas Hectric Moto Bucket Piston Turbine Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 25 Other (specify): Setting Depth: 70 feet Date Pump Installed: 3-22-06 Rated Pump Capacity: 1100 Number of Stages: Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Steel Tape Air Line Electric Measuring Line Static Water Level (A): _____Feet Below Land Surface Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Well yielded GPM with a drawdown of Gallons Per Minute Test Pumping Rate: Duration 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 my Patrick M. Chism Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 0 6 2006

BY: OLWR BY: OLWR

RECEIVED

Form: OLWR-SWR-1B

APR u @ 2003