	State W	ell Report		
County: Humphreys	Part 1		For Office Use Only:	
	Mississippi Department of Environmental Quality Aquifer:			
Permit # 600 40997 Irrigation Equipment	Office of Land and Water Resources Well #: B- 236			
	P.O. Box 10631			
Date drilling completed: $4-12-0$	6 (601)		L. S. Lievation.	
	(601)354-6938 (fax)		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 Informa		Well	Location	
Owner Name Royce Estate			ON 200 90 42 06.6W	
Owner Name Royce Estate Mailing Address: 766 High Hampton Road Nethod of Lat/Long (circle one): Conventional Survey,				
		JUSGS quad, Hand-held	GPS. Survey-grade GPS	
		St NW	·	
St. Louis,	MO 63124	14 Sec 8		
City Stat	e Zip Code		Nearest Town	
Telephone No. ()		8 Miles West	of <u>Isola</u>	
receptotic No. (
	Well I)ata	Pivot	
Purpose of Well (circle one) Home Industrial Public Supply Ingation Fish Culture Other				
Date well drilling started: $4-12-06$ Date well drilling completed: $4-12-06$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 24' feet above on below (circle one) land surface Date measured: 4-12-06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 116 Well dep	th: 116'	Well grouted to a depth of	10feet	
Type of grout (circle one): Cement	Benton te Mix			
Casing length: 76 feet Casin	g diameter: 12	_inches Type of casing:	PVC	
	en diameter: 12	_		
Screen slot size: inches	Setting depth: From	77feet to	116feet	
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:				

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 statelaws.

0695

Name of organization running log(s):

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

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Signature of Water Well Contractor

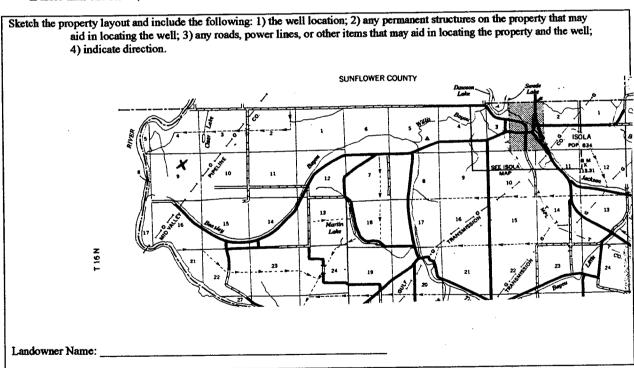
APR 2 5 2006

BY: OLWA

Ground Level

Description of Formations Encountered Clay	0	10
		10
Fine Sand	19	35
Fine Sand/gravel	36	62
Fine Sand Fine Sand/gravel Med. Sand/gravel	63	116
		\sqcup
	L	
		11

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



Signature of Water Well Contractor

STATE WELL REPORT

Humphreys Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit # 6 W 40991 Irrigation Equipment Office of Land and Water Resources P.O. Box 10631 Date completed: 4-12-06

Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fe

For Office Use Only:		
Aquifer:		
Well#: B- 236		
Elevation:		

Copy information from block on Part 1 (601)3	034-0938 (18X)		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	l contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Royce Estate	Latitude:Longitude:		
766 High Hampton Road Mailing Address:	Method of Lat/Long (check one): Conventional Survey,		
***	USGS quad, Hand-held GPS, Survey-grade GPS		
St. Louis, MO 63124 City State Zip Code	¼ ¼ Sec_ 9 T_ 16N _R 5W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	8 West Isola of		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Interest 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: 4-12-06	Setting Depth: 50 feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages: 3		
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		
HEREBY CERTIFY that the above statements are true to the best of Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	Patrick M Chi		
time round of t ump installer and Licetise No. (II applicable)	Signature of Pump Installer Form: OLWR-SWR-1E		

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APR 2 5 2006

BY: OLWR