County: Humphreys Permit # <u>6 (1) 41 349</u> Irrigation Equipment Driller: Date drilling completed: <u>9-29-06</u> State Law requires that this rep	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #: <u>B - S ()</u> L. S. Elevation: E-log #: rith the Department within
30 days of completion of drilling Well Owner Informa		Wel	Location
Scott Jackson			_" Longitude:'"
Owner Name			
Mailing Address: Box 107		Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
		-	Twn_16N_Rng_4W
Inverness			
City Sta	te Zip Code	Distance Direction	Nearest Town of <u>Isola</u>
Telephone No. ()			<u></u>
	Well	Data	
Purpose of Well (circle one) Home Ind Date well drilling started: $9-2$ If flowing, method of flow regulation: Va Static Water Level: $18'$ feet at Method of Measurement (circle one) $9$ Hole depth: $96$ Well de Type of grout (circle one): Cement	19-06     Date of the power of below (circle one)       1ve Other (does not below (circle one))       1ve Other (d	well drilling completed: lescribe) land surface Date measured: air line other: Well grouted to a depth of _	9-29-06 9-29-06 10 feet
Casing length: 76 feet Casi			
Screen length: 20 feet Scree	en diameter. 6	inches Type of screen:	PVC
Screen slot size:	Setting depth: From _	<u>77</u> feet to	<u>96</u> feet
Type of completion (circle all applicable):	Gravel packed Under Other (describe):	rreamed Telescoped Oper	n hole Natural Development
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log ru		-	reen, describe on back of page Other:
Name of organization running log(s): I certify that the well was drilled, constr	ucted, and completed in	accordance with all applicable	requirements of the Mississinni
-	-	• -	-
Department of Environmental Quelity	The second secon	Par and set as the set of the set	
Department of Environmental Quality a Irrigation Equipm Patrick M. Chism		Pitil	mchi

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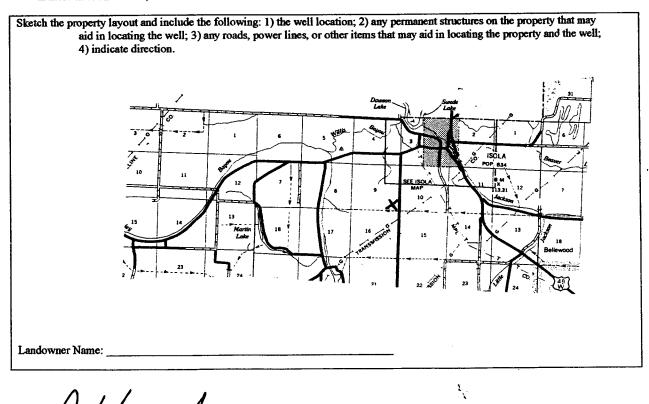
> í \_

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	19
Finē Sand	20	30
Fine Sand/gravel	31	48
Med. Sand/gravel	49	96
		İ
		1
		1
		1
		1
	·····	4

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



Signature of Water Well Contractor

County:HumphreysPermit # $\omega \psi \psi 3 \psi 9$ Pump InstalleMississippi Department	VELL REPOR'I Part 2 For Office Use Only: er's Completion Report
Distance in Transfer II -	er's Completion Report
Permit to U 4/349 Mississippi Departm Trrigation Equipment Office of Ian	
ITTIGATION EQUINMENT I UNCONTIN	nent of Environmental Quality Aquifer.
P.0	D. Box 10631 $B - \Im H^{-1}$
	01)961-5210
Copy information from block on Part 1 (601)	Elevation:
This part of the report must be completed by a licensed water we	ell contractor or a licensed pump installer. A copy of Part 1 of the
report must be attached and both parts filed with the Department Well Owner Information	at at the above address within 30 days of well completion. Well Location
Owner Name: Scott Jackson	Latitude:Longitude:
Mailing Address: Box 107	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Inverness MS 38753	<u>SE 1/2 SE 1/2 Sec 9 T 16N R 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	2 Miles SW of Isola
Pump Type Circle one	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 of Motor. 5
Date Pump Installed: 9-29-06	Setting Depth:60 feet
Rated Pump Capacity: 250 Gallons Per Minute	Number of Stages:1
Pump Test Data	Method of Measuring Water Level
-	Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land Surface	
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 yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
	stofmy bowledde
I HEREBY CERTIFY that the above statements are true to the be	
I HEREBY CERTIFY that the above statements are true to the be Patrick M Chism 0695	stor my thowards
I HEREBY CERTIFY that the above statements are true to the be Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-11

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