

# 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: \_\_\_\_\_  
Well #: B-254  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-12-07

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.

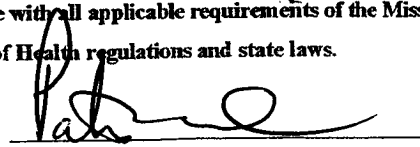
Well Owner Information	Well Location
Owner Name: <u>Robbie Forbes</u>	Latitude: <u>33° 14' 38.1</u> Longitude: <u>90° 4' 56.0</u>
Mailing Address: <u>Rt 1, Box 182 B</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Isla</u> <u>Ms.</u> <u>38754</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>9</u> Twn <u>16N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town <u>8</u> Miles <u>W</u> of <u>Isla</u>
Telephone No. ( ) _____	

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-12-07 Date well drilling completed: 5-12-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 29 feet above or below (circle one) land surface Date measured: 5-15-07  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC Sch 40  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch 40  
Screen slot size: .050 inches Setting depth: From 78 feet to 117 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



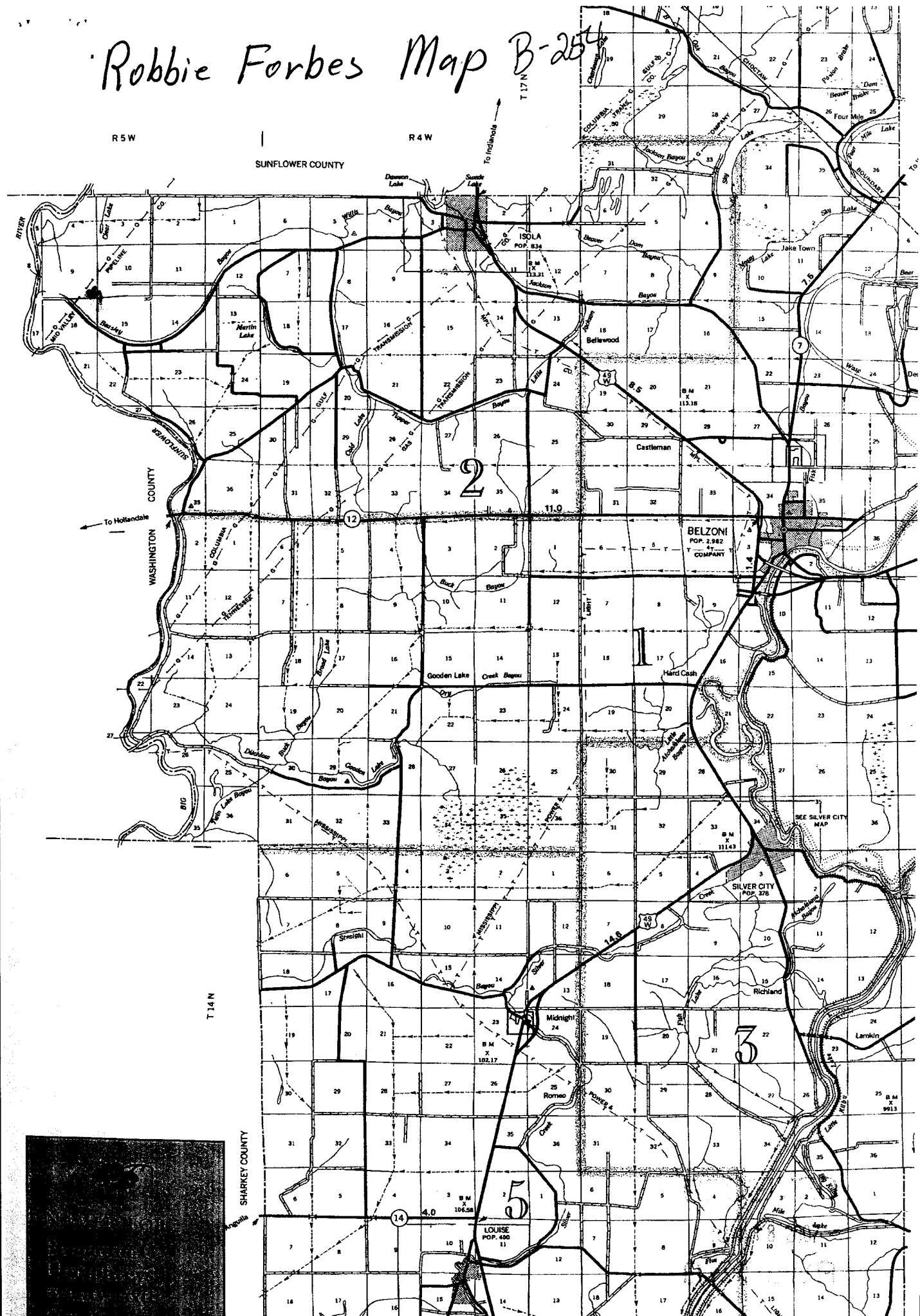
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor





# Robbie Forbes Map B-254



SUNFLOWER COUNTY

SHARKEY COUNTY