County:	Humphre	ys		
Permit#: GW 41030 Irrigation Equipment Driller:				
Date drill	ing completed:	4-25-06		

## 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 #: <u>C-162</u>	
L. S. Elevation:	
E-log #:	

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Tom Hill & Son	Latitude: 33 • 14 • 18 . Congitude: 90 • 33 • 15 . 4			
Mailing Address: 6487 Isola Road	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Isola MS 38754	NW 1/4 SW 1/4 Sec 18 Twn 16NRng 3W			
City State Zip Code	Distance Direction Nearest Town  3 Miles SE of Isola			
Telephone No. ()				
Well I	)ata			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 4-25-06 Date well drilling completed: 4-25-06				
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level:32' feet above of below (circle one) la	and surface Date measured: $4-27-06$			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Entonite Mix				
Casing length: 80 feet Casing diameter. 10	inches Type of casing: PVC 160			
Screen length: 40 feet Screen diameter: 10				
Screen slot size:inches Setting depth: From	81 feet to 120 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	bath m Ch			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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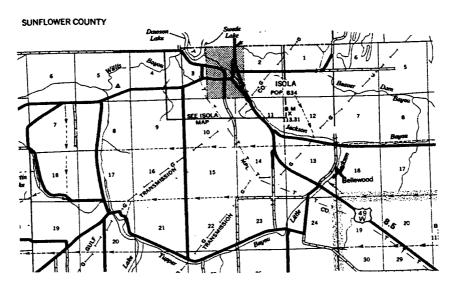
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Ground Level

Description of Formations Encountered	l From	То
Clav	0_	19
Fine Sand	20	35
Fine Sand/gravel Med. Sand/gravel	36	48
Med. Sand/gravel	49	120
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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

## Part 2

County: Humphreys Permit# Gw 41030 Irrigation Equipment Driller:

Print Name of Pump Installer and License No. (if applicable)

4-25-06

**Pump Installer's Completion Report** Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
well #: C-162		
Elevation:		

	961-5210 4-6938 (fax)			
Copy information from block on Part 1	<u> </u>			
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of	contractor or a licensed pump installer. A copy of Pari I of the at the above address within 30 days of well completion.			
report must be attached and both parts jueu with the Department a Well Owner Information	Well Location			
Owner Name: Tom Hill & Son	Latitude:Longitude:			
Mailing Address: 6487 Isola Road	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Isola MS 38754 City State Zip Code	NW 1/4 SW 1/4 Sec 18 T 16N R 3W			
	Distance Direction Nearest Town			
Telephone No. ()	3 Miles SE of Isola			
Pump Type	Power Type			
Circle one	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: 15			
Date Pump Installed: 4-27-06	Setting Depth:feet			
Rated Pump Capacity: 750 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	Other (specify):			
Pumping Water Level (B):Feet Below Land Surface	Outer (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			
I HEREBY CERTIFY that the above statements are true to the bes	t of my implicated			
Patrick M. Chism 0695	Vat In Cl			
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

Form: OLWR-SWR-1B

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MAY 0 8 2006

BY: OLWR