) State w	'eп керогt	For Office Use Only:			
County: Humphreys	Part 1		For Office Ose Only.			
County. 11077111 Cys	Mississippi Department of Environmental Quality		Aquifer:			
Permit #: 6 (v 4/686 Trrigation Favinment		and Water Resources	Well #: <u>H-90</u>			
Irrigation Equipment	P.O. F	3ox 10631	Well #			
	Jackson, N	IS 39289-0631	L. S. Elevation:			
Date drilling completed: 3-25-07	, ,	961-5210				
	[601)35	4-6938 (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	ation	Well	Location			
Owner Name Bill Dillard		Latitude: ° ''	" Longitude:°"			
Mailing Address: 487 Blue	Ruin Road	Method of Lat/Long (circle one): Conventional Survey,				
USGS quad, Hand-held		GPS, Survey-grade GPS				
Louise m	15 39097	NW 14 NW4 Sec 36				
Louise m	te Zip Code	Distance Direction	Nearest Town			
Telephone No. ()	Telephone No. (
	Well 1	Data				
	***************************************		·			
Purpose of Well (circle one) Home Industrial Public Supply Ingation Fish Culture Other.						
Date well drilling started:3-25-07 Date well drilling completed:3-25-07						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: 32' feet above or(below)(circle one) land surface Date measured: 3-27-07						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 127 Well de	pth: <u>127</u>	Well grouted to a depth of _	10 feet			
Type of grout (circle one): Cement Bentonite Mix						
		inches Type of casing:	a 1			
Screen length: 40 feet Screen diameter. 10 inches Type of screen: PVC 160						
Screen slot size: 1050 inches Setting depth: From 88 feet to 127 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 te	lescoped or more than one scr	een, describe on back of page			
Logs run (circle all applicable): No log run Blectric 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 a	ınd/or the Mississippi De _l	partment of Health regulation	s and state laws.			

Irrigation Equipment Inc.

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

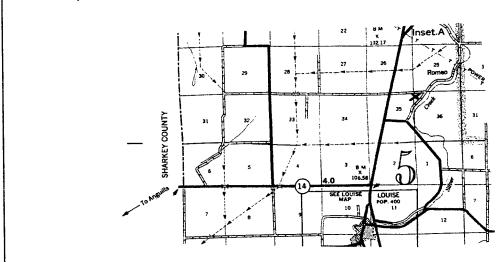
APR 1 9 2007 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Brown Sand	0	17
Clav ,	18	77
Tide Soud	78	84
Fine Sand Coarse Sand + gravel	85	127
Coarse sand + Justel	100	/^
		╁
	_	1
		\perp
		+
		+
		
		<u> </u>
		1 -
	_	1
	+-	+

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

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:			
roz Gince ose Gary:			
Aquifer:			
11.00			
Well #:			
Elevation:			

(601)354-6938 (fax)

commy: Humphrexs

Irrigation Equipment

Date completed: 3-25-07

Permit#: 6W 4

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.					
Well Owner Information	Well Location				
Owner Name: Bill Dillard	Latitude: Longitude:				
Mailing Address: 487 Blue Ruin Road	Method of Lat/Long (circle one): Conventional Survey,				
Louise MS 39097 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	District the second sec				
Telephone No. ()	Distance Direction Nearest Town 2 Miles Worth of Louise				
Pump Type Circle one	Power Type Circle one				
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Clectric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well	Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor: / 0				
Date Pump Installed: 3-27-07	Setting Depth: 70 feet				
Rated Pump Capacity: 500 Gallons Per Minute	Number of Stages:				
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				

1			
	I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	DECEME
Ì	Patrick M. Chism 0695	tata on Co	NECEIVEL
į	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	APR 1 9 2007