County: Humphre	eys <i>053</i>	
Permit#: <u>GWAO\27</u> Irrigation Equipment		
Driller:		

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 #: K	121
L. S. Elevation:	
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 Information	Well Location	
Owner Name Bill Dillard	Latitude: 32 • 00 · 09 " Longitude: 90 • 34, 3,9"	
Mailing Address: Rt.1, Box 170	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Louise, MS 39097	<u>NW 4 SE 4 Sec 2 Twn 13N Rng 4W</u>	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (662-836-5944	1 Miles North of Louise	
Well I)gda-	
Purpose of Well (circle one) Home Industrial Public Supply	Pivot Irrigation Fish Culture Other:	
Date well drilling started: $4-25-05$ Date w	vell drilling completed: $4-25-05$	
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level: 16' feet above or below (circle one) l	and surface Date measured: 4-28-05	
Method of Measurement (circle one) teel tape electric tape	air line other:	
Hole depth: 126' Well depth: 126'	Well grouted to a depth offeet	
Type of grout (circle one): Cement Bentonne Mix		
Casing length: 86 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:inches	87 feet to 126 feet	
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a	eccordance with all applicable requirements of the Mississippi	
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.	
Irrigation Equipment Inc.	$\Delta + A = \Delta + A$	
Patrick M. Chism 0695	Patrick (1) Chron	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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MAY 1 3 2005

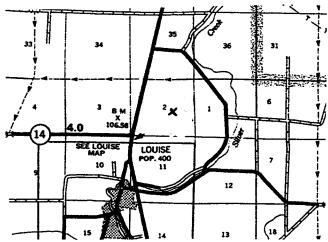
BY: OLWR

Ground Level

Description of Formations Encountered	From	То
	0	28
Clay Fine Sand	29	35
Fine Sand/gravel	36	79
Fine Sand/gravel Med. Sand/gravel	80	126
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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.



_andowner Name:	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Humphreys
County: ______ Humphreys
Permit #: _____ Office of Land and Water Resources
Irrigation Equipment
Driller: _____ Jackson, MS 39289-0631

Date completed: _____ 4-28-05

| County: _____ 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 | (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#:K17		

Date completed: 4-2	28-05	(601)961-5210 54-6938 (fax)
] he pump installer in det	ail and filed with the Department within 30 days of the
installation of pur We	ip. il Owner Informa	tion	Well Location
Owner Name: Bi	ll Dillar	<u>d</u>	Latitude: Longitude:
Mailing Address: Rt	.1, Box 1	70	Method of Lat/Long (circle one): Conventional Survey,
City	-836-5944	Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 SE 1/4 Sec 2 Twn 13NRng 4W Distance Direction Nearest Town 1 Miles North of Louise
	Pum p 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: 100
Date Pump Installed: _	4-28-0	5	Setting Depth: 50 feet
Rated Pump Capacity:	1500	_Gallons Per Minute	Number of Stages:3
	Pump Test Data	l	Method of Measuring Water Level Circle one
Date Well Tested: Static Water Level (A): Pumping Water Level (Fee	et Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) - (A)]:	Fee	t 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
		ments are true to the best	Vatrick M Chinn
Print Name of Pump In	staller and License	No. (if applicable)	Signature of Pump Installer

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MAY 1 3 2005

BY: OLWR