County:	Humphr	eys	
Permit#6W41004 Irrigation Equipment			
Driller: _ Date drill	ing completed:	4-11-06	

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 #: K - 174		
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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name StoneR Company	Latitude: 32, 56, 25, 8N Congitude: 90, 38, 09, 1			
Mailing Address: Box +45 147	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Holly Bluff MS 39088	SW 1/4 SW 1/4 Sec 29 Twn 13N Rng 4W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	5 Miles SW of Louise			
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply	frigation Fish Culture Other:			
Date well drilling started: 4-11-06 Date w	well drilling completed: 4-11-06			
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 15' feet above or below (circle one) l	and surface Date measured: $4-12-06$			
Method of Measurement (circle one)	air line other:			
Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 82 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40			
Screen length: 40 feet Screen diameter: 1	6 inches Type of screen: PVC Sch. 40			
Screen slot size: inches Setting depth: From	83 <u>feet to 122</u> <u>feet</u>			
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 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 Hoalth regulations and state laws.				
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrol M Chr.			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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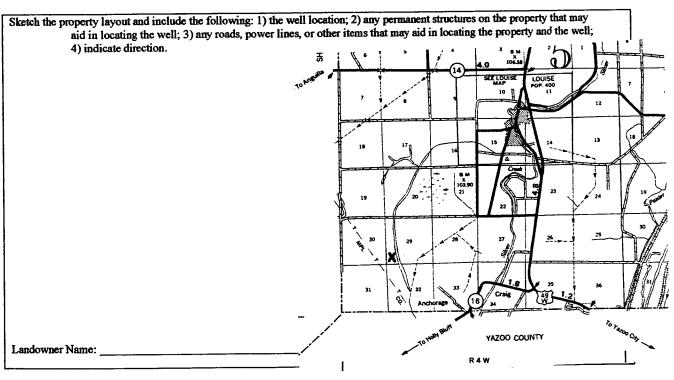
APR 17 2006

BY: OLWR

Ground Level

Description of Formations Encountered	From	То
Clay Fine Sand	1 0	46
Fine Sand	47	58
Med. Sand/gravel	59	1722
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

County: Humphreys Part 2 Permit# 6W 4/004 Irrigation Equipment Driller: Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 4-11-06

For Office Use Only:
Aquifer:
Well #: K - 174
Elevation:

Date completed:	(601))961-5210 54-6938 (fax) Elevation:			
Copy information from block on Part 1	` '			-11 4	of Post 1 of the
This part of the report must be completed report must be attached and both parts file	ed with the Department a		s within 30 days	of well comp	
Well Owner Informati			Well L	ocation	
Owner Name: Sassy Major Con	mpany	Latitude:	L	ongitude:	· · · · · · · · · · · · · · · · · · ·
Mailing Address: Box 145		Method of Lat/L	ong (check one):	Conventiona	! Survey,
			, Hand-held GP	S, Survey	-grade GPS
	f MS 39088	SW 1/4 SW	_¼ Sec_29	_T_ ^{13N} _r	4W
City State	Zip Code	Distance	Direction	Nearest Tow	n
Telephone No. ()		Miles	SW of I	Louise	
Pump Type			Power	Туре	
Circle one			Circle	e one	
Air Lift Jet	Submersible	Diesel Engine	Gasoline E	ingine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (spe	cify):	
Other (specify):		Horse Power Rat	ing of Motor:	60	
Date Pump Installed: $4-12-06$		Setting Depth:	60)	feet
Rated Pump Capacity: 2500-300	O Gallons Per Minute	Number of Stage	4		-
Pump Test Data		M	lethod of Measu	ring Water I	estel
Date Well Tested:		147	Circle		.vu
	i	Air Line	Electric Measuri	ng Line	Steel Tape
Static Water Level (A):Feet I	1	Other (specify):			
Pumping Water Level (B):Feet B	elow Land Surface				
Drawdown [(B) - (A)]:Feet I	Below Land Surface	For flowing well	, measured shut i	n head:	feet
Test Pumping Rate:	Gallons Per Minute	Well yielded	G	PM with a da	awdown of
Duration of Pump Test (minimum 4 hours):	hours		feet after	hou	ars of pumping
I HEDERY CERTIFY 4-44-1-			,	1	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Print Name of Pump Installer and License No. (if applicable) Print Name of Pump Installer Signature of Pump Installer					
	- (ppiioto)	Digitatui	or i amb iistan		: OLWR-SWR-1B

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APR 17 2006

BY: OLWR

• 1	State We	ell Report [For Office Use Only:
Humphreys rrigation Equipment oriller: Date drilling completed: 4-11-06	Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
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 Inform Sassy Major Owner Name Stoner Te	ration $\mathcal{H}\mathcal{O}\rho$,	Wel 32,56,25. Latitude:	Location 8N 90 38 09 "Longitude:
Mailing Address:	00147	Method of Lat/Long (circle of USGS quad, Hand-held	ne): Conventional Survey, 1 GPS, Survey-grade GPS
Holly Blú:	ff MS 39088 tate Zip Code		Twn 13N Rng 4W Nearest Town
Telephone No. ()			-

Well Data

Other (describe)_

Public Supply

feet above or below (circle one) land surface

122'

Setting depth: From __

Gravel packed

Other (describe):

Logs run (circle all applicable), No log run Electric Gamma Ray Density Sonic Neutron Other:

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Bentonite

Casing diameter.

Screen diameter: _

electric tape

16

Mix

4-11-06

Well depth:

Ligation

Date well drilling completed:

air line

inches

16 inches

83

Underreamed

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Fish Culture

Date measured:

other:

Type of screen:

Telescoped Open hole

_feet. If telescoped or more than one screen, describe on back of page

Well grouted to a depth of ____

Other: _

Type of casing: PVC Sch. 40

122

Signature of Water Well Contractor

4-12-06

PVC Sch.40

feet

Natural Development

09.1

Purpose of Well (circle one) Home Industrial

If flowing, method of flow regulation: Valve ___

122'

fcct

feet

.050 inches

Irrigation Equipment Inc.

Method of Measurement (circle one)

Type of grout (circle one): Cement

82

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

Name of organization running log(s):

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Date well drilling started: _

Static Water Level: ______15 '

Hole depth: ___

Casing length: ___

Screen length: 40

Screen slot size: ___

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