4	State Well Report			
County: Humphreys	Dort 1	For Office Use Only:		
Permit#: 41652 Irrigation Equipment Driller:	Mississippi Department of Environmental Quality	Aquifer:		
Irrigation Equipment	Office of Land and Water Resources	00/100		
	- 10. DOX 10051	Well #:		
Date drilling completed: 3-24-07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:		
	(601)354-6938 (fax)	*** "		
State Law rooming 4		E-log #:		
30 days of completion of drilling	rt be prepared by the driller in detail and filed w	ith the Department within		
Well Owner Informed	for			
Owner Name Seward +	Well	Location		
2	Latitude: °	"Longitude: • ,		
Mailing Address: Box 261	<u> </u>			
	Method of Lat/Long (circle one	:): Conventional Survey,		
	Hand-held C	GPS, Survey-grade GPS		
1 24 30 000	39097 NE 4 Str 4 Sec 11	m /34/ 414/		
Lowise MS City State	3 4011 - 4 Sec 11	Iwn 10/1 Rng / VV		
Telephone No. 662-836-5	Zip Code Distance Direction	Nearest Town		
Telephone No. ( 6 9 6 - 5	Ila ( Miles _NE _of	Louise		
D. CTTE W.	Well Data			
Purpose of Well (circle one) Home Indust	rial Public Supply Irrigation Fish Culture O	tha-		
Date well drilling started: 3-24	Date well drilling completed: 3	uici.		
If flowing mathed and	Date well drilling completed: 3	24-01		
in howing, method of flow regulation: Valve	Other (describe)			
Static Water Level: 20 feet above	or Clow (circle one) land surface Date measured:	2 2/		
Method of Mensurament (c.	Date measured:	3-26-01-		
Method of Measurement (circle one)	tape electric tape air line other:			
Hole depth: 127 Well depth:	Well grouted to a depth of	10		
Type of grout (circle one): Cement B		feet		
S 7	entonite Mix			
Casing length: 5 feet Casing di	ameter: 16 inches Type of casing: PV	e cal Un		
Screen length: 40 feet Screen di	// Type of casing: / VC	<u> </u>		
inches Type of screen:				
Screen slot size: 1050 inches S	etting depth: From 88 feet to 12	7		
Type of completion (circle all applicable):		feet		
TENOROIO,	avel packed Underreamed Telescoped Open hole	Natural Development		
Oti	ner (describe):	-		
Top of lap pipe or reduction in casing:	fact XE4 X			
I am and the state of	feet. If telescoped or more than one screen,	describe on back of page		
Logs run (circle all applicable): No log run El	ectric Gamma Ray Density Sonic Neutron Other	r.		
ivame of organization punning log(a)				
i ceruity that the well was drilled, constructed	and completed in accordance with all applicable requ			
		rements of the Mississippi		
Irrigation Equipment	Inc.	state laws.		
06	95			
Print Name of Water Well Contractor and Licens	e No	0		
J. J	Signature of Water	Well Contractor		

11(052)

MANAGEMENT DISTRICT

County: Humphreys
Permit# 60 4/652 Irrigation Equipment
Date drilling completed: 3-24-07

## **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 #:	
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.

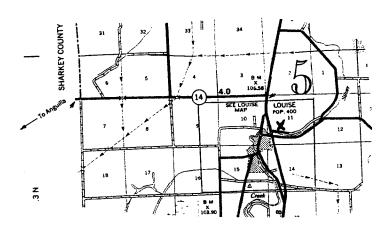
30 days of completion of drilling of the well.		
Well Owner Information	Well Location	
Owner Name Seward + Son	Latitude:°' Longitude:°'"	
Mailing Address: BOX 266	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
1 - 1 - 29 - 97	NE 1/4 SW Sec 11 Twn 13N Rng 4W	
Louise MS 39097 City State Zip Code	Distance Direction Nearest Town	
Telephone No. (662-836-5161		
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: 3-24-07 Date v	well drilling completed: 3-24-07	
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level: 20 feet above or below circle one)	land surface Date measured: 3-26-07	
Method of Measurement (circle one) teel tape electric tape	the state of the s	
Hole depth: 127 Well depth: 127	Well grouted to a depth of 10 feet	
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 87 feet Casing diameter: 16	_inches Type of casing: PVC Sch. 40	
Screen length: 40 feet Screen diameter: /6	inches Type of screen: PVC Sch. 40_	
Screen slot size: 1050 inches Setting depth: From 88 feet to 127 feet		
Type of completion (circle all applicable): Gave packet Under	rreamed 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.	1)11.	
Patrick M. Chism 0695	Talmy MCO	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level

Description of Formations Encountered	From	To
Clav	0	57
Fine sand med. sand Coarse sand + gravel	58	67
med sand	68	77
Coase sand + gravel	78	127
		$\perp$
		$\top$

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 Contracto

## 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:	
Aquifer:	
Well #:	K-178
Elevation:	

\_\_\_\_\_GPM with a drawdown of

feet after hours of pumping

3 3

(601)354-6938 (fax) 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 4 Son Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 45 W 4 Sec 11 Twn/3N Rng 4W Distance Direction Nearest Town e62-836-5161 / Miles NE of Louise Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Gasoline Engine Diesel Engine Natural Gas Bucket Electric Motor Piston Turbine Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): \_\_ Horse Power Rating of Motor: 3-26-07 Date Pump Installed: Setting Depth: Rated Pump Capacity: 2800 ± \_Gallons Per Minute Number of Stages: 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 Drawdown [(B)-(A)]: \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_\_feet

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Patrick M. Chism 0695	Patri M C
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Well yielded

Test Pumping Rate: \_\_\_\_\_Gallons Per Minute

Duration of Pump Test (minimum 4 hours): hours