

amphreys
41952
Irrigation Equipment

Date drilling completed: 5-3-07

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 #: K180
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: <u>Bob Hairston</u>	Latitude: <u>32° 56' 52.5"</u> Longitude: <u>90° 38' 39.1"</u>
Mailing Address: <u>167 Main St.</u>	Method of Lat/Long (circle one): <u>SL 11-8-07</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Silver City Ms. 39166</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 30 Twn 13N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Louise</u>

Well Data: Pivot

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-3-07 Date well drilling completed: 5-3-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-21-07

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 Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 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: III - 6 2007

RECEIVED

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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor [Signature]

41952

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-180
 L. S. Elevation: _____
 E-log #: _____

County: Humphreys
 Permit #: 6W41952
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 5-3-07

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: <u>Bob Hairston</u>	Latitude: <u>32.56.525</u> Longitude: <u>90.38.39.1</u>
Mailing Address: <u>167 Main St.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Silver City Ms. 39166</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>30</u> Twn <u>13N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>4</u> Miles <u>SW</u> of <u>LOUISE</u>

Well Data Pivot

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-3-07 Date well drilling completed: 5-3-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-21-07

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 Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 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): _____

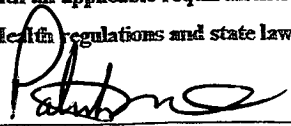
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

6W41952

K-180

If well telescopes please sketch below and show depths.

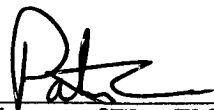
Ground Level

Description of Formations Encountered	From	To
Clay	0	31
Fine Sand	32	45
Fine Sand + Gravel	46	55
Medium Sand + Gravel	56	120

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: Bob Hairston



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
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-180

Elevation: _____

County: Humphreys
 Permit #: GW41952
 Driller: _____
 Date completed: 5-3-07

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: <u>Bob Hairston</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>167 Main St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Silver City Ms. 39166</u> <small>City State Zip Code</small>	<u>SW 1/4 NE 1/4 Sec 30 Twn 13N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles SW of Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>5-21-07</u>	
Rated Pump Capacity: <u>1000 ±</u> Gallons Per Minute	

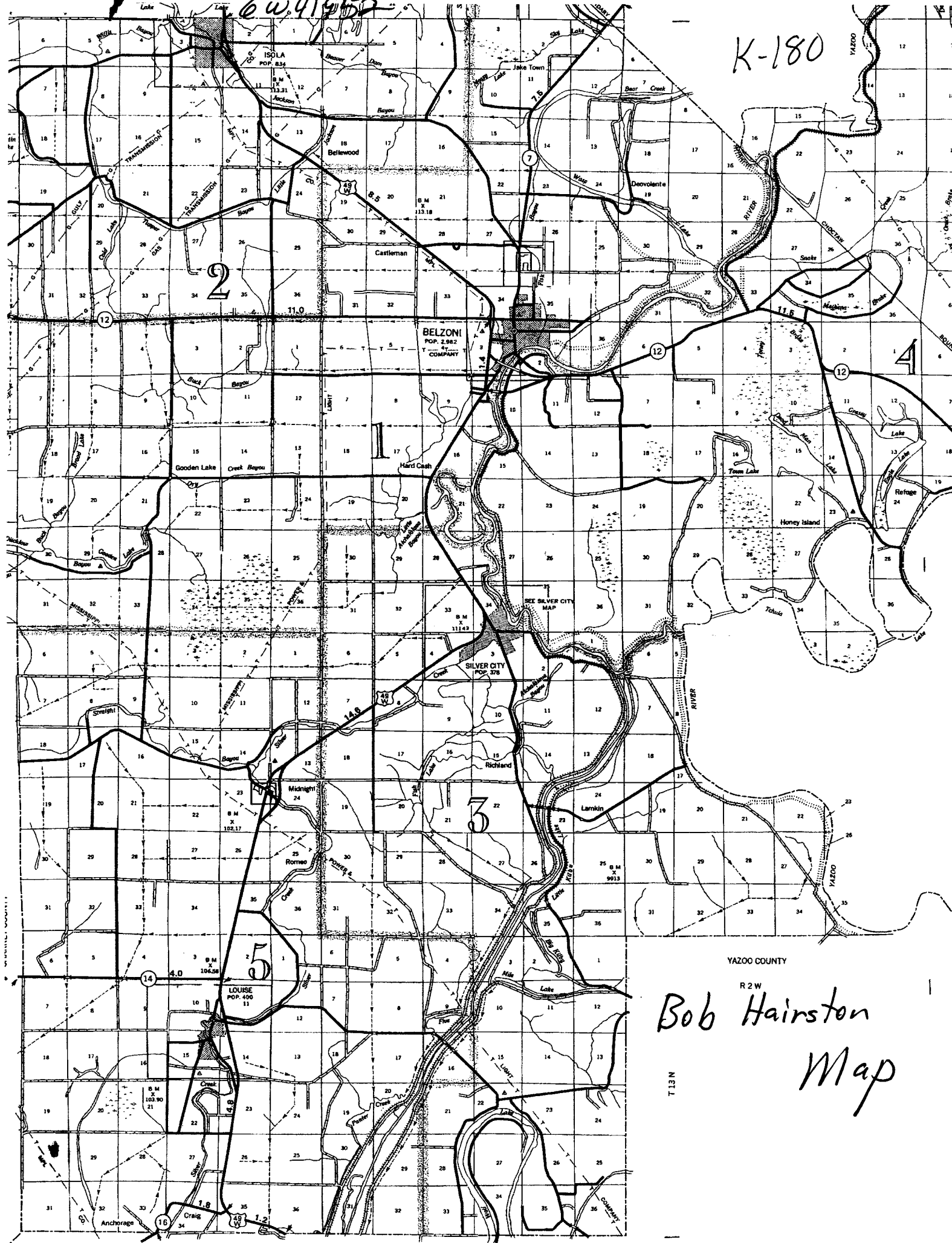
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

6 W 419 152

K-180



Bob Hairston
Map