

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL
QUALITY**

Office of Land and Water Resources

COUNTY WELL LOCATED Humphreys		PERMIT NUMBER
WELL NUMBER L-79	CODED	NAME OF DRILLING FIRM Irrigation Equipment Inc.
DATE WELL COMPLETED 8-27-01		Indianola, MS

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER Simmons Fish Farm			
2628 Erickson Road Yazoo City, MS 39194			
Latitude:		Longitude:	
WELL LOCATION sw/ne	SEC 32	TOWNSHIP 13N	RANGE 3W
DISTANCE Miles _____ of _____		DIRECTION S	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. Fish Pond			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P 30		

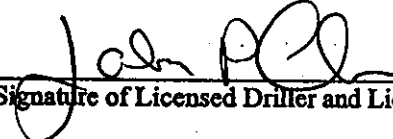
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	28
Fine Sand	28	35
Fine Sand/gravel	35	50
Med. Sand/gravel	50	115

WELL DATA		
Well Depth 115	Casing Diameter (In.) 10	Casing Length (Ft.) 75
Type of Casing pvc	Hole Depth 115	Depth to Static Water Level _____
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - inches 10	Length - Feet 40	Slot Size - inches .050
Screen Type pvc	Depth to Bottom - Feet 115	

Top of Lap Pipe or Reduction in Casing	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
FEET	

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.

 0-439 **REC'D SEP 24 2001**
Signature of Licensed Driller and License No. _____ Date _____

Additional Information Required On Back