county: Issaguena
Permit#: <u>GW 42920</u> Irrigation Equipment
Date drilling completed: 10-31-08

John P. Chism

Print Name of Water Well Contractor and License No.

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. Well Owner Information Latitude 32 . 57 . 48 " Longitude 90 58 . 14 " Owner Name Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS $NW_4NE_{4 \; \mathrm{Sec}} \; 24 \; _{\mathrm{Twn}} | 3N \; _{\mathrm{Rng}} \; 8W$ Direction Negrest Town Miles SW Telephone No. Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Date well drilling started: Date well drilling completed: If flowing, method of flow regulation: Valve Other (describe) feet above or below circle one) land surface Date measured: Method of Measurement (circle one) (steel tape electric tape Hole depth: Well grouted to a depth of Type of grout (circle one): Bentonite inches Type of casing: Screen length: Type of screen: Screen slot size: Setting depth: From Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: 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.

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Signature of Water Well Contractor

NOV 19 2008

BY: OLWR

If well telescopes please sketch below and show depths.

Ground I	.evel
----------	-------

Description of Formations Encountered	From	To	
Clav	0	29	
Fine Sand	30	35	
Fine Sand & Gravel	39	60	
Fine Sand	6/	77	
Medium Sand + Gravel	78	93	
Fine Sand	94	104	-Blai
Medlum Sand & Gravel	105	115	_
Clay	1116	112	11
			_ //
	- 	†	
Screen .050	+	t	i
Screen 1000	+	 	
(80-94) 15'	+	├	}
	+	 	{
(101-110)	-	┼	ŀ
(106-118) 13'			
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			1

If more than one screen, show location of each on sketch

Sketch the pro	operty layout and include the following: 1) the well location; 2) any permanent structures on the property tha	t may
	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and th	e well;
	4) indicate direction.	•

Landowner Name: George Mahalita

Signature of Water Well Contractor

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BY: OLWA

STATE WELL REPORT

Irrigation Equipment

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 Off	ice Use Only:
Aquifer:	
Well #:	/27
Elevation:	· · ·

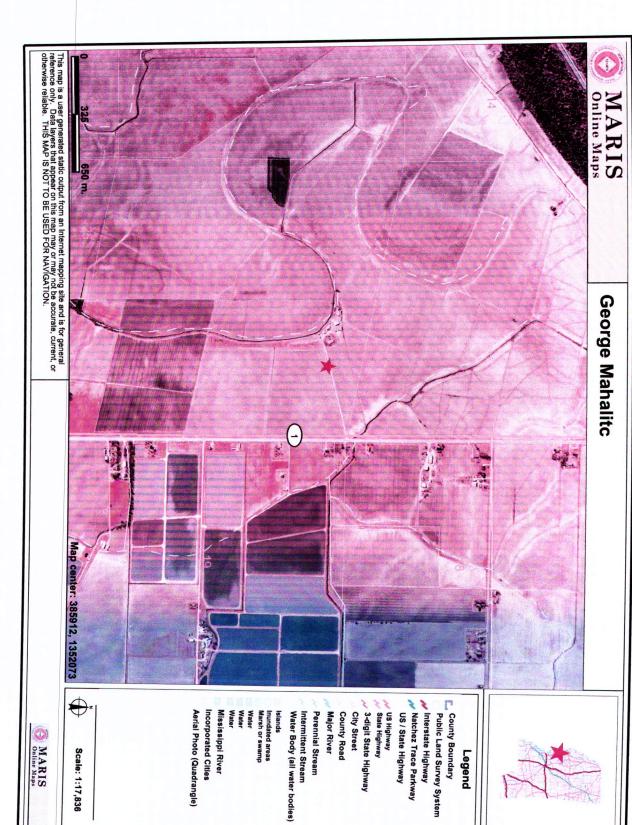
Date completed: $7/0-37-08$ (60)	MS 39289-0031 1)961-5210 154-6938 (fixx) Elevation:
This report should be prepared by the pump installer in de	
installation of pump.	san and men with the Department within 50 days of the
Well Owner Information	Well Location
Owner Name: George Mahalite	Latitude: Longitude:
Mailing Address: 384 Mahalite Rd	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Rolling Fork Ms. 39159 City State Zip Code	SW 4 NE 4 Sec 3/ Twn/3N Rng 7W
· · · · · · · · · · · · · · · · · · ·	Distance Direction Nearest Town
Telephone No. ()	5 Miles 5 of Grace
Pump Type	Power Type
Circle one	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: 60
Date Pump Installed: 10-31-08	Setting Depth: $7D$ feet
Rated Pump Capacity: 23 00 + Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
tatic Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
umping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Foet Below Land Surface	For flowing well, measured shut in head:feet
Cost Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Ouration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping
•	
HEREBY CERTIFY that the above statements are true to the best John P. Chism 0439	of my knowledge.
hint Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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