Panola County: Permit #: 60 40548 Irrigation Equipment Date drilling completed: 7-15-05

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: L - 36	
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_Bobby Stewart	Latitude:°" Longitude:°"
Mailing Address: 7055 Ballentine Road	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Sardis, MS 38666 City State Zip Code Telephone No. ()	NW 1/4 NW 1/4 Sec 15 Twn 8S Rng8W Distance Direction Nearest Town 8 Miles SW of Sardis
Well I	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 7-15-05 Date w	well drilling completed: 7-15-05
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level:7 'feet above o below(circle one) le	and surface Date measured: $7-15-05$
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 177 Well depth: 177	Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Gentonite Mix	
Casing length: 97 feet Casing diameter: 10	inches Type of casing: PVC
Screen length: 80 feet Screen diameter: 10	inches Type of screen: PVC 160
Screen slot size:inches Setting depth: From	98 feet to 177 feet
Type of completion (circle all applicable): pravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen, describe on back of page
Logs run (circle all applicable) No log ran Electric Gamma Ray	Density Sonic Neutron Other:
Name of organization running log(s):	•
I certify that the well was drilled, constructed, and completed in a	
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick M Chin
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Owner contracted with Circle S Irrigation (Clarksdale, MS). Circle S Irrigation will install pump.

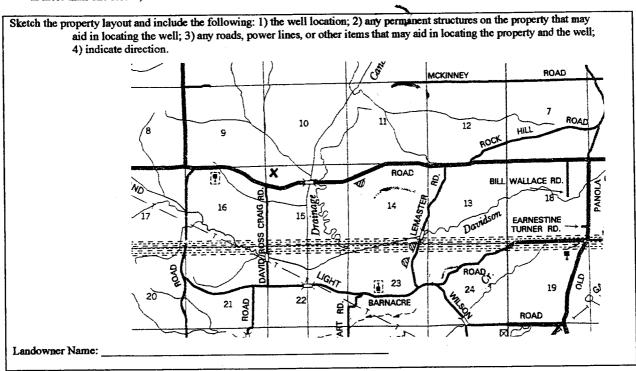
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Ground Level

Description of Formations Encountered	From	То
Clav		15
Sand & Gravel	16	38
Clav	39	7.5
Clay Fine Sand/gravel	76	118
Fine Sand		160
Clay	161	1.77
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

County: Panola Date completed:

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:		
Aquiler:		
Well #	L-36	
Elevation	L	

Well Owner Information	Well Location
Owner Name Bobby Stewart	Latitude: Longitude:
Mailing Address: 7055 Ballentine Road	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Sardis, MS 38666 City State Zip Code Telephone No. (42,562 - 4/9/ Ext 8	NV % NV % Sec 15 Twn 8S Rng 8W Distance Direction Nearest Town 8 Miles SW of Sardis
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 8/1/05 Rated Pump Capacity: 500 Gallons Per Minute	Windmill Other (specify): Horse Power Rating of Motor: 25 Setting Depth: 140 feet Number of Stages: 100
Pump Test Data Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: Well yielded GPM with a drawdown of feet after hours of pumping

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

> RECEIVED AUG 0 4 2005

> BY: OLWR