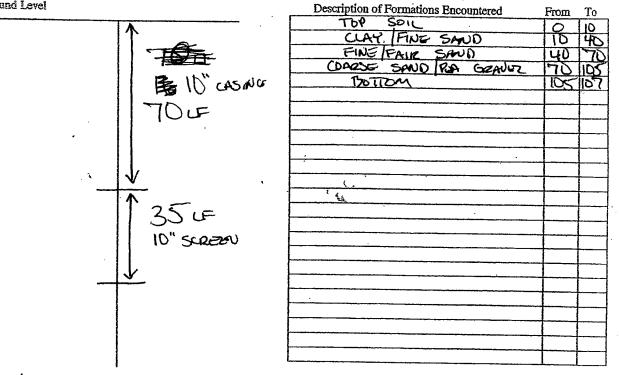
1. <b>4</b>	SCHIELE	T1/(S)	
۲ · · · · · · · · · · · · · · · · · · ·	State We	ll Report	For Office Use Only:
COURTY: QUITMAN	Part 1		
Cormit #: GW- 44906	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer Well #: <u>6 - 141</u>
Driller J. NEWCOME 0.773	P.O. Box 10631		
Date drilling completed: 4-7-2011	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:
Jaie drilling completed:	(601)354-6938 (fax)		E-log #:
State Law requires that this rep	ort be prepared by the d	riller in detail and filed v	vith the Department within
30 days of completion of drilling of the well. Well Owner Information		Well Location	
owner Name Graham Fe	arms		_" Longitude: <u>10.24</u> , 29,
Mailing Address: 10317 Highway 72		Method of Lat/Long (circle o	
· · · · · · · · · · · · · · · · · · ·		USGS quad, Hand-held GPS, Survey-grade GPS	
Michigan	Lity MS 38647	NE 14 AWW Sec 3?	5 Tym 27N Rng O2W
City State Zip Code		Distance Direction	Nearest Town
Telephone No. ()		<u>3</u> Miles W	of LABERT
	Well I	Data	
		(Irrigation) Fish Culture	Other:
Purpose of Weil (circle one) Home In		(	-07-2011
Date well drilling started: 4-7-			
If flowing, method of flow regulation: V			
Static Water Level:feet	above or below (circle one)	land surface Date measured	t:
Method of Measurement (circle one)	steel tape electric tape		
Hoie deptin: 107 Well	depth: <u>105</u>	Well grouted to a depth o	ffeet
Type of grout (circle one): Cement	Bentonite Mix		210
Casing length:feet C	asing diameter:	inches Type of casing	<u>. P.J.C.</u>
25	creen diameter: <u>10</u>	inches Type of screen	. <u>R.J.C.</u>
Screen slot size: .050 inche		MN	105_feet
Type of completion (circle all applicab	ie): Gravel packed Unde	erreamed Telescoped O	pen hole Natural Development
	Other (describe):		
Ton of ion nine on advetion in soling		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 lo	g tain Electric Galinna Ra	a Domed Dome roudo	-
Name of organization running log(s): I certify that the well was drilled, co	nstructed, and completed in	accordance with all applica	able requirements of the Mississippi
Department of Environmental Quali	ty and/or the Mississippi D	epartment of Health regulat	ions and state laws.
		1)	
JOHN NEWCOME	0.773		<u>Newc</u>
Print Name of Water Well Contractor			ne of Water Well Contractor
Imp installed to	s. Canto	s / Clanton	() ko
VIND IN STEAL MARK	<b>ルト しけして</b>	) / CUINS	JULT
omp ( sources -			~

If well telescopes please sketch below and show depths.

## Ground Level



Y.

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. SEE MAS Landowner Name: -9 Signature of Water Well Contractor

• • •	APR 2 8 2011	
County: Chi. tornanPermit #: Chi. cotPringationDriller: Chi. cotIrrigationDate completed: 4-7-7011Geographic (60)Copy information from block on Part 1(60)	Well Location	
Owner Name: Graham Farms	Latitude: 34. 10. 18. Longitude: 90. 24. 82.	
Mailing Address: 10317 HW1 72	Method of Lat/Long (check one): Conventional Survey,	
Michigan City MS 38647 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>6</u> <u>w</u> <u>w</u> <u>NE</u> <u>w</u> Sec <u>33</u> <u>T</u> <u>27</u> <u>w</u> <u>R</u> <u>2</u> <u>w</u> Distance Direction Nearest Town <u>/.le_Miles</u> <u>w</u>	
Pump Type Circle one	Power Type Circle one	
Air Lift     Jet     Submersible       Bucket     Piston     Turbine       Centrifugal     Rotary     Flowing Well       Other (specify):	Diesel Engine       Gasoline Engine       Natural Gas         Electric Motor       Hand       Tractor PTO         Windmill       Other (specify):	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown offeet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of DUID P. HOLT 0-752P Print Name of Pump Installer and License No. (if applicable)	f my knowledge. Signature of Pump Installer Form: OLWR-SWR-1B (04/08)	