State W	ell Report			
$\sim$ CIADKLY LA				
avrississippi Departmer	avississippi Department of Environmental Quality			
Jackson M	P.O. Box 10631 Jackson, MS 39289-0631			
/ MO 7 U A / 1	961-5210	L. S. Elevation:		
(601)35	4-6938 (fax)	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	Wel	Location		
Owner Name MARTIN FARMS	Latitude: 33 . 04 . 42	" Longitude 090 49 . 19		
Mailing Address: Po Box 454	Method of Lat/Long (circle or	ne): Conventional Survey,		
USGS quad, Hand-hel		GPS, Survey-grade GPS		
1 1/4/		Twn 14 N Rng 6 W		
City State Zip Code	Distance Direction	Nearest Town YUMA		
Telephone No. ()	Miles NOKIL	of NITTA IOMA		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 3-24-06 Date well drilling completed: 3-24-06				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tap	e air line other:			
Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mi				
Casing length: <u>Le O</u> feet Casing diameter: <u>12</u>	inches Type of casing:	PVC		
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVL				
Screen slot size: 050 inches Setting depth: From 60 feet to 100 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.				

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

APR 1 3006

BY: OLWE

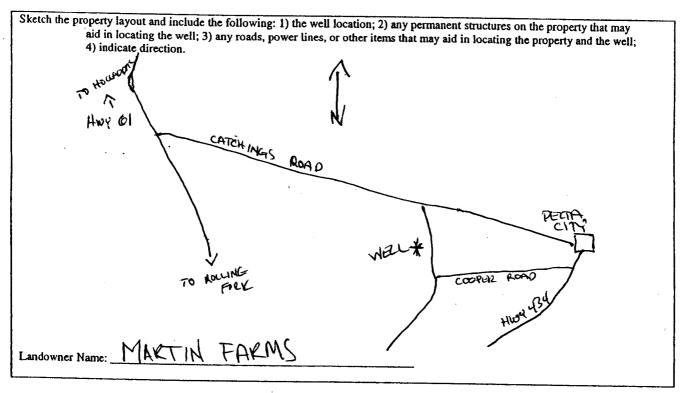
If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	To
100 50:1	0	10
mix CIAY	10	40
Fine SAND	140	29
COArse SANd	50	103
	1	
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		<b>  </b>
	+	
	+	

copper Rd.

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



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 #:	B-123	
Elevation: _		

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the

instantation of pump.				
Well Owner Information	Well Location			
Owner Name Martin Farms	Latitud 33-04 42 Longitude: 090 -49-19			
Mailing Address: Fo Box 456	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Aucuica Ms. 38721 City State Zip Code	NE 14 NE 14 Sec 9 Twn 14 Rng 60			
State Zip Code	Distance Direction Nearest Town			
Telephone No. (4 4 3 - 873 - 7094	4 Miles MORTHOF NITTA YUMA			
Dunas Trans				
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	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 3-25-06	Setting Depth: 70 feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 1 (104 TURBINE BOWL)			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY/CERTIFY that the above statements are true to the best of my knowledge.  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

Date completed: 3-24-06