county: Sharker
Permit #: 6 W 41687 Irrigation Equipment
Irrigation Equipment
Date drilling completed: 3-23-07

. 7

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. S. Elevation:
E-log #:

s 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 Aycock Partnership	Latitude:, Longitude:, Longitude:	
Mailing Address: BOX 238	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code Telephone No. ()	Distance Direction Nearest Town Miles West of Michigan	
Well 1	Data	
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 3-23-07 Date w		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level: 27 feet above or below(circle one) land surface Date measured: 3-23-07		
Method of Measurement (circle one) seel tape electric tape	air line other:	
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 87 feet Casing diameter: 10 inches Type of casing: PVC 160		
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PYC 160		
Screen slot size: 1050 inches Setting depth: From 88 87 feet to 127 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.		
Irrigation Equipment Inc. Patrick M. Chism 0695	tall MCQ	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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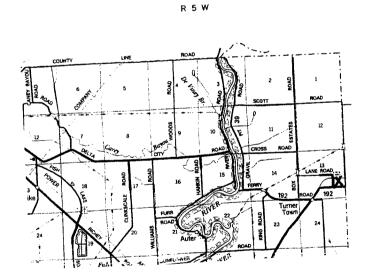
BY: OLWR

Ground Level

Description of Formations Encountered	From	То
Clay	0	17
Fine Sand medium Sand + smrel	18	67
medium sand + state!	68	127
3		
4.	<u> </u>	
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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.



Landowner Name:

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

Irrigation Equipment

Date completed: _ 3-23-07

For Office Use Only:
Aquifer:
Well#: B-89
Elevation:

(601)	354-6938 (fax)		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.			
Well Owner Information	Well Location		
Owner Name: Aycock Partnership	Latitude: Longitude:		
Mailing Address: Box 238	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Bolzoni MS 39038 City State Zip Code	¼ Sec 13 Twn 14N Rng 5W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	5 Miles West of Midnight		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Ecctric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:/5		
Date Pump Installed: 3-23-07	Setting Depth: 70 feet		
Rated Pump Capacity: 750 Gallons Per Minute	Number of Stages:		
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		
HEREBY CERTIFY that the above statements are true to the best of my knowledge.			

Patrick M. Chism 0695

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

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

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

APR 1 9 2007