	Part 1	For Office VI Co.
Arrigation 71633 Mississippi Department #: 600 41633	riment of Empire	For Office Use Only:
Irrigation Equipment Office of Driller:	and and Water Resources	Aquifer:
	C.O. BOX 10631	Well #: C 159
Date drilling completed: 3-17-07 Jacks	on, MS 39289-0631	
	(601)961-5210	L. S. Elevation:
(60	1)354-6039 (604)	· I
State Law requires that this many to	(44.15)	E-log #:
30 days of completion of drilling of the well.	the driller in detail and filed -:	
State Law requires that this report be prepared by 30 days of completion of drilling of the well. Well Owner Information		th the Department within
		ocation
Owner Name Patterson & Son		
Mailing Address: Box 475	Latitude: • , ,	Longitude: 0
5. Marcos. 173	Mark 1 or -	Douglande.
	Method of Lat/Long (circle one)	Conventional Survey
	USGS and TV	Jarvey,
	USGS quad, Hand-held Gl	PS, Survey-grade GPS
Rolling Fork MS 3915 City State Zip Code	59 SW 1/2 SE 1/2 Sec 13	m 12M
City State 3:001	59	Iwn ISN Rng 6W
Telephone No. (None of T
Telephone No. ()	Miles _Eastof_	Nearest Town
		Auguilla
We	II Data	1
Purpose of Well (circle one) Home Industrial Public Supply		
Public Supply	Pivot Irrigation Fish Culture Oth	
Date well drilling started: 3-17-07	rish Culture Oth	
Date well drilling started: 3-17-07 If flowing, method of flow regulation: Value	well drilling completed: 3-17-	0.5
it nowing, method of flow regulation: Valve		
If flowing, method of flow regulation: Valve Other Static Water Level: 20 ' feet above or below rejective	describe)	ADD 17 2041
feet above or below (circle one)	land a	
Method of Measured: 3-29 07		
(steel tape electric tape	air lim	YMD JOINT WATERICT
Hole depth: 125 Well depth: 125		
Terror C	Well grouted to a depth of1	MANAGE
Type of grout (circle one): Coment	o a deput of	feet
Casing length 0.5		
Casing length: 85 feet Casing diameter: 12		
Screen length: 40 feet Screen diameter 12	inches Type of casing: PVC	160
	• -	
Screen slot size: . 050	_inches Type of screen:PVC	160
Screen slot size: 050 inches Setting depth: From	86feet to125	
A pe of completion (circle all applicable)	123	feet
gravel packed Underr	amed Telescoped Open hole	W
Other (describe):	. Sport noic	Natural Development
Top of lap pipe or reduction in casing:		
feet. If tele	Coned	
Logs run (circle all applicable). No lea	scoped or more than one screen, desc	ribe on back of name
	Density Sonic Name	Page 1
Name of organization running log(s):	John Reutron Other:	
was drilled		
I certify that the well was drilled, constructed, and completed in accompartment of Environmental Quality and/or the Mississippi Department gration Equipment Inc.	ordance with all applicable reco-	
Irrigation B	tment of HAsh	ients of the Mississippi
Irrigation Equipment Inc.	regulations and stat	e laws.
0695	VAL	1
Print Name of Water Well Contractor and License No.	- Lake M (1	•
Solitacior and License No.	Ci Chin	

Signature of Water Well Contractor

State Well Report

Sharkey

41633

County: Sha	Sharkey		
Permit#: 600 Permit#: 1 Permit#:	41633 Equipment		
Date drilling completed:	3-17-07		

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 #: <u>C- /59</u>			
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

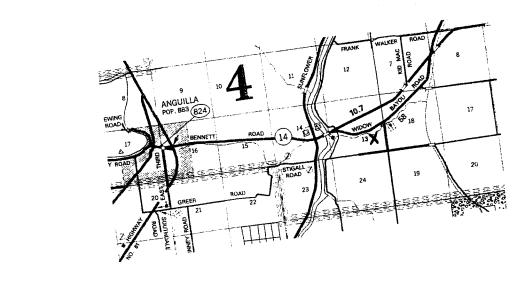
30 days of completion of drilling of the well.			
Well Owner Information	Welf Location		
Owner Name Patterson & Son	Latitude:°, Longitude:°, "		
Mailing Address: Box 475	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	SW 1/4 SE 1/4 Sec 13 Twn 13N Rng 6W		
Rolling Fork MS 39159 City State Zip Code	Distance Direction Nearest Town		
City State Zip Code	4 Miles East of Anguilla		
Telephone No. ()	_		
Well I)ats		
Purpose of Well (circle one) Home Industrial Public Supply	Pivot Irrigation Fish Culture Other:		
Date well drilling started: 3-17-07 Date v	vell drilling completed:		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 20 feet above or below (circle one) l	and surface Date measured: $3-29-07$		
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 125 Well depth: 125	Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 85 feet Casing diameter: 12	inches Type of casing: PVC160		
Screen length: 40 feet Screen diameter. 12	inches Type of screen: PVC160		
Screen slot size: . 050 inches Setting depth: From	86feet_to125feet		
Type of completion (circle all applicable): Gravet packed Under	reamed 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 a			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Irrigation Equipment Inc. Patrick M. Chism 0695	Yatah M Chi		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Fine Sand	36	55
Med. Sand	56	75
Coarse Sand	76	95
Coarse Sand Med. Sand/gravel	96	115
Med. Sand	116	125
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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 Contracto

STATE WELL REPORT

Part 2

Sharkey Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources County: __ Pennit#: 6041633 Irrigation Equipment P.O. Box 10631

For Office Use Only:				
Aquifer:				
Well #:	<u>_</u>	159		
Elevation:				

This report should be prepared by the pump ins		4-6938 (fax)	22010000	
installation of pump.	staller in deta	il and filed with th	e Department within 3	0 days of the
Well Owner Information	·		Well Location	
Owner Name: Patterson & Son		Latitude:	Longitude	
Mailing Address: Box 475		Method of Lat/Long (circle one): Conventional Survey,		tional Survey,
		1	quad, Hand-held GPS,	Survey-grade GPS
Rolling Fork MS City State Zip (¼	1/4 Sec13_Twn_3	N Rng ^{6W}
Say State Zap	Loge	Distance	Direction Neares	t Town
Telephone No. ()		4_Miles _	East of Ang	uilla
Pump Type Circle one		Power Type Circle one		
Air Lift Jet Submersib	de	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston Turbine		Electric Motor	Hand	Tractor PTO
Centrifugal Rotary Flowing W	Ve i i	Windmill	Other (specify):	
Other (specify):	_	Horse Power Ratin	ng of Motor: 50	·
Date Pump Installed: 3-29-07		Setting Depth:	60	feet
Rated Pump Capacity: 1000 Gallons Per	Minute	Number of Stages:	2	
Pump Test Data		Method of Measuring Water Level		
Date Well Tested:			Circle one	
Static Water Level (A):Feet Below Land	Surface	Air Line E	lectric Measuring Line	Steel Tape
Pumping Water Level (B):Feet Below Land	Surface	Other (specify):		
Drawdown [(B)-(A)]: Feet Below Land	Surface	For flowing well, 1	neasured shut in head:	feet
st Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of			a drawdown of	
Duration of Pump Test (minimum 4 hours):	_hours	***************************************	feet after	_hours of pumping

		<u></u>	
1		A	
	I HEREBY CERTIFY that the above statements are true to the best	of myloowjedge.	·
	Patrick M. Chism 0695	Patril MCC-	
1	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	RECENCE
			the way