	State We	ll Report		
county: Sharkey	Part 1 For Office Use Only:			
11.200	Mississippi Department of		Aquifer:	
Permit#: 4114 Irrigation Equipment	Office of Land and		well #: 9-150	
Driller:	P.O. Bo Jackson, MS			
Date drilling completed: 5-1-07	-		L. S. Elevation:	
	(601)961-5210 (601)354-6938 (fax) E-log #:			
State Law requires that this rep 30 days of completion of drilling		iller in detail and filed w	vith the Department within	
Well Owner Informa	tion	Wel	Location	
Owner Name_Cary and	Associates	atitude: 32 · 45 · 06.	9 Longitude: 90.57.22.9	
Mailing Address: P.O. Box 2	1 -			
Mailing Address: F . U · DUX -		Aethod of Lat/Long (circle or	ne): Conventional Survey,	
		-2 (-2 (V)) NB USGS quad, Hand-held	GPS, Survey-grade GPS	
			Twn 11 N Rng 7 W	
<u>Rolling Furk</u> City Stat	<u>1115. 39159</u>			
City V Stat	e ZipCode I	Vistance Direction 4 Miles S	Nearest Town	
Telephone No. ()				
- ···		- 3		
	weii Da	3 ivot		
Purpose of Well (circle one) Home Indu	istrial Public Supply	rigation Fish Culture	Other UN_1 9 200]7
Date well drilling started: <u>5-1-C</u>	Date well	drilling completed: 5	-1-07 MD JOINT WA	
If flowing, method of flow regulation: Valv	•	-:ha)	YMD JOINT WA	TER
				STRI(
Static Water Level:feet abo	ove or below (circle one) land	surface Date measured:_	5-2-07	
Method of Measurement (circle one)	el tape electric tape	air line other.		
Hole depth: <u>120</u> Well dept	th: 120	Well grouted to a depth of	10 fect	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 80 feet Casing	g diameter: 16 in	iches Type of casing:	VC Sch 40	
Screen length: <u>40</u> feet Scree				
			VC Sch 40	
Screen slot size: .050 inches				
Type of completion (circle all applicable): (Gravel packed Underream	ned Telescoped Open	hole Natural Development	
	Other (describe):			
Fop of lap pipe or reduction in casing:	feet. If telesc	oped or more than one scre	en, describe on back of page	
Logs run (circle all applicable) No log run	Electric Gamma Ray D	ensity Sonic Neutron (Other:	

Name of organization running log(s):				
l certify that the well was drilled, constru	••••••••••••••••••••••••••••••••••••••	ment of Health regulations	and state laws.	÷.,
l certify that the well was drilled, constru Department of Environmental Quality an				
l certify that the well was drilled, constru Department of Environmental Quality an Irrigation Equipme	ent Inc.	PL,	7	
Patrick M. Chism	ent Inc. 0695	table	2	
l certify that the well was drilled, constru Department of Environmental Quality an Irrigation Equipme	ent Inc. 0695	table	Water Well Contractor	

State W	All Domost						
State w	For Office Use Only:						
	art 1 t of Environmental Quality Aquifer:						
Permit # OUT 17 Office of Landa							
Irrigation Equipment Dor	well #: <u>6-150</u>						
Driller: Jackson, M	IS 39289-0631 L. S. Elevation:						
	961-5210						
(601)354	4-6938 (fax)						
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within						
Well Owner Information	Well Location						
Owner Name Cary and Associates	Latitude: 3.2 . 45 . 06.0 Longitude: 90 . 57. 22. 9						
Owner Name Cary and Associates Mailing Address: P.O. Box 215	06 Method of Lat/Long (circle one): Conventional Survey,						
	GE USGS quad, Hand-held GPS, Survey-grade GPS						
Rolling Fork Ms. 39159 City State Zip Code	Sty 14 SE 1/4 Sec 3/ Twn // N Rng 7 W						
City State Zip Code	Distance Direction Nearest Town <u>Miles</u> of <u>Cary</u>						
Telephone No. ()							
Well I	Datoixot						
Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other.							
Date well drilling started: <u>5-1-07</u> Date v	Date well drilling started: <u>5-1-07</u> Date well drilling completed: <u>5-1-07</u>						
If flowing, method of flow regulation: Valve Other (d	escribe)						
Static Water Level: feet above or below (circle one) land surface Date measured: 5-2-07							
Method of Measurement (circle one) steel tape electric tape air line other:							
Hole depth: 120 Well depth: 120	Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet						
Type of grout (circle one): Cement Bentonite Mix							
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch 40</u>							
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch 40</u>							
Screen slot size: .050 inches Setting depth: From 8/ feet to 120 feet							
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
Other (describe):	A						
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.	HL O						
Patrick M. Chism 0695	lation C						
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor						

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GW41779

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	44
Fine Sand	45	50
Clay Fine Sand Medium Sand + Gravel	<u>51</u>	120
		
		┦
·		
		+
		+
·		
		+

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.

Carry and Associates Landowner Name:

 $\Lambda \wedge$

Signature of Water Well Contractor

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G-150

STATE WELL REPORT							
county: Sharkey	Pump Installer's Completion Report		For Office Use Only:				
Permit#: $\underline{6004/779}$ Irrigation Equipment Driller:			Aquifer: Well #: G - 150				
Date completed: <u>5-1-07</u>			Elevation:				
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: Cary and As		Latitude:Longitude:					
Mailing Address: $\int \frac{1}{\sqrt{2}} \frac$	ing Address: P.O. Bux 215		Method of Lat/Long (circle one): Conventional Survey,				
			USGS quad, Hand-held GPS, Survey-grade GPS				
Rolling Furk Ms. 39159 City State ZipCode		<u>SW 4 SE 4 Sec 3/ Twn // N Rng 7 W</u> Distance Direction Nearest Town					
Telephone No. ()	ephone No. ()		<u>4 Miles</u> of <u>Cary</u>				
Pump Type		Por	ver Type				
Circle one			rcle one				
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas				
	Turbine	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary Flowing Well		Windmill Other (specify):					
Other (specify):		Horse Power Rating of Motor					
Date Pump Installed: 5-2-07		Setting Depth:					
Rated Pump Capacity: 2200 ±	Gallons Per Minute	Number of Stages:					
Pump Test Data Date Well Tested:		Method of Me Ci	ssuring Water Level role one				
		Air Line Electric Measuring Line Steel Tape					
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		Other (specify):					
Drawdown [(B)-(A)]:Feet H	Below Land Surface	For flowing well, measured shut in head: feet					
Test Pumping Rate:Gallons Per Minute		Well yielded GPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):	hours	feet afterhours of pumping					
I HEREBY CERTIFY that the above stateme <u>Patrick M. Chism</u> 06 Print Name of Pump Installer and License No	95	f my knowledge. <u>A</u> <u>A</u> <u>Signature of Pump Ins</u>	taller				

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