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	Leval 42333
-OriUn: ∑.	HEWLOME 0-773
4 5/	completed: 11-30-07

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) Aquifer: _ L. S. Elevation: E-log #:

For Office Use Only:

1.1

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 Location Well Owner Information 29.6" Longitude: 090 . 49 Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS Miles Direction Nearest Town Distance of YICKSBURG 10 Well Data Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other: Date well drilling started: 11-30-07 Date well drilling completed: If flowing, method of flow regulation: Valve__ __ Other (describe) _ ____feet above or below (circle one) land surface Date measured: electric tape Method of Measurement (circle one) steel tape Hole depth: 123 Well grouted to a depth of _ Well depth: Mix Bentonite Cement Type of grout (circle one): Type of casing: inches Casing length: Casing diameter. inches Type of screen: Screen diameter: JO-, 1R Screen slot size: . 050 fect to_ Setting depth: From_ Telescoped Open hole Natural Development Type of completion (circle all applicable): (Gravel packed) Underreamed Other (describe): feet. If 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 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 will all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. YMD JOINT WATER Signature of Water Well Contractor

MANAGEMENT DISTRICT

Print Name of Water Well Contractor and License No.

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State W	ell Report		
i i	art 1	For Office Use Only:	
Mississippi Departmen	at of Environmental Quality	Aquifer:	
Permit # CC 4 3 3 Office of Land a	and Water Resources	Well #: 13-74	
	Box 10631 4S 39289-0631		
	961-5210	L. S. Elevation:	
	4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within	
Well Owner Information	Well	Location	
Owner Name Lowrer Pranting Co.	Latitude: 31 -31 -29.6	" Longitude: 90 • 49 · 21.3 "	
Mailing Address: 3360 REDWOOD RD.	Method of Lat/Long (circle of	de): Conventional Survey,	
		GPS Survey-grade GPS	
Dean Drug 391d	· · · · · · · · · · · · · · · · · · ·		
KEDWOOD, MS. 39156 City State Zip Code	NE 4514 4 Sec 1	Twn 8N Rng 4E	
Telephone No. 1 -862 - 9431	Distance Direction 10 Miles 1	Nearest Town of VICKSBURG	
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply		Other:	
Date well drilling started: 11-30-07 Date	well drilling completed:	1-30-0 1	
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: 123 Well depth: 123 Well grouted to a depth of 1D feet			
Type of grout (circle one): Cement Bentonite Mix	(,	
Casing length: 85 feet Casing diameter: 16 inches Type of casing: P.V.C.			
Screen length: 38 feet Screen diameter: 16 inches Type of screen: P.V.C			
Screen slot size: .050 inches Setting depth: From 70-78 feet to 93-123 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
	telescoped or more than one sci	reen, 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.			
JOHN NEWLOME 0-773 John Newcome			
Print Name of Water Well Contractor and License No.	Signature of	of Water Well Contractor	

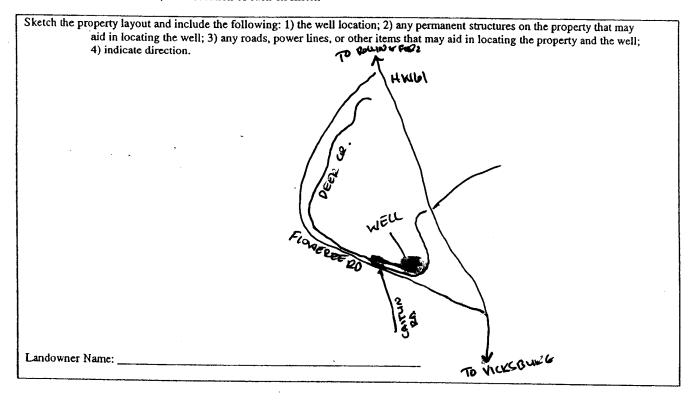
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BY CLAR

B-

Ground Level		Description of Formations Encountered	From	To
		TOP SOIL	0	10
		MIX CLAY	10	38
	16" CASIN-	FINE SAND	38	70
		COARSE SAND	70	778
	·	FINE SAUD	778	93
•		COARSE SAND	93	123
	170	CLAY BOTTOM	125	
	- 16" SCEVEN			-
	- 78			<u> </u>
	- CACING			
	- 93			
	- SCREEN			
	-123			

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

For Office Use Only:	
Aquifer:	
Well #: B-74	_
Elevation:	

Dute completed.	54-6938 (fax) 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 - Low REE PLANTING CO.	Latitude 32-31-29 Longitude: 090-49-21.3			
Mailing Address: 3360 REDWOOP RD	Method of Lat/Long (circle one): Conventional Survey,			
RED WOOD, MS. 39156	USGS quad Hand-held GPS Survey-grade GPS NE 1/4 Sw 1/4 Sec Twn 8 Rng HE			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. 201 - 862 - 943)	Distance Direction Nearest Town O Miles O Of V: USBURGH			
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: 2 - 20 - 06	Setting Depth:feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 1-576 E 144			
Pump Test Data Method of Measuring Water Level				
Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
	Other (specify):			
Pumping Water Level (B): Feet Below Land Surface 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			
	nous or pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge AEA TOOT Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

RECEIVED JAN 1 0 2008

BY: OLWR