County: Wash	ington
Permit#: <u>@</u> W Irrigation Driller:	<u>41610</u> Equipment
Date drilling completed:	3-15-07

## **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 #: A-191	
L. S. Elevation:	
E-log #:	

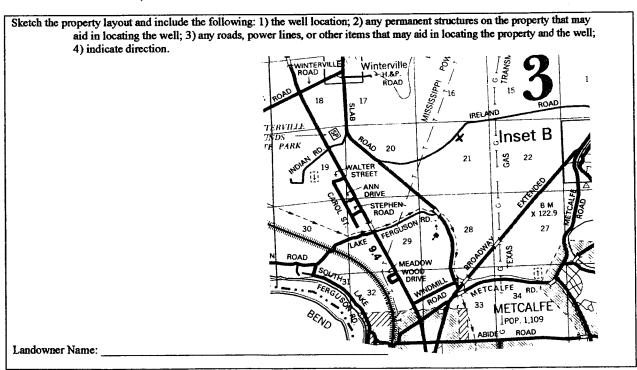
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drining of the wen.		
Well Owner Information	Well Location	
Owner Name Hester Farms	33 29 01, 4 91 01 59.8W "Longitude:	
Mailing Address: 225 Warren Road East	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
	NW 1/4 NE 1/4 Sec 21 Twn 19N Rng 8W	
Greenville MS 38703 City State Zip Code	Distance Direction Nearest Town	
662-332-7162	3 Miles North of Metcalfe	
Telephone No. ( )		
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:	
Date well drilling started: 3-15-07 Date w	well drilling completed: 3-15-07	
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level: 13' feet above of below (circle one) l	and surface Date measured: 3-19-07	
Method of Measurement (circle one) teel tape electric tape	air line other:	
Hole depth: 97 Well depth: 97	Well grouted to a depth offeet	
Type of grout (circle one): Cement Hentonite Mix		
Casing length: 57 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40	
Screen length: 40 feet Screen diameter: 16	inches Type of screen: <u>PVC Sch. 40</u>	
Screen slot sizes 050 inches Setting depth: From	58feet to97feet	
Type of completion (circle all applicable): Gavel packed Under	rreamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped 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	Vatus M CQ	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level

Description of Formations Encountered	From	То
	0	19
Clay Fine Sand	20	35
Fine Sand/gravel	36	52
Fine Sand/gravel Med. Sand/gravel	53	92
Clay	93	97
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

Poun p Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631

County: Washington

For Office Use Only:	
Aquifer:	
Well#: <u>A- 191</u>	_
Elevation:	

Permit#: \( \begin{align*} \$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	Equipment 3-15-07	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)  Mell #:		
installation of pump.  Well Owner Information Well Location				
Owner Name: Hes	ster Farms			
	Warren Roa	ıd East		
Maining Addiess		7	Method of Lat/Long (circle on	e): Conventional Survey,
<u>-</u>			USGS quad, Hand	-held GPS, Survey-grade GPS
<del>-</del>		MS 38703  Zip Code .	¼¼ Sec_ 21	Twn_19N_Rng_8W
	Ly State	Zip Code .	Distance Direction	Nearest Town
Telephone No. (	)		3 Miles North o	Metcalfe
	Pump Type Circle one		Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gasolin	e 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:	60
Date Pump Installed:	1.D. 7.17.1		0 feet	
Rated Pump Capacity	2800±	Gallons Per Minute	Number of Stages:1	
	Pump Test Date	2		asuring Water Level
Date Well Tested:		<del></del>		
Static Water Level (A	i):Fex	et Below Land Surface	Air Line Electric Mean	•
		t Below Land Surface	Other (specify):	
Drawdown [(B)-(A)	rawdown [(B)-(A)]:Feet Below Land Surface For flowing well, measured shut in head:feet		ut in head:feet	
Test Pumping Rate: _	est Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of			
Duration of Pump Te	st (minimum 4 hours	):hours	feet after	hours of pumping
I HERERY CEDTIES	74-4-1		s A 4.1	

I HEREBY CERTIFY that the above statements are true to the best	of my/know/kde/.	•
Patrick M. Chism 0695	Patri MC	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	godac y o - go