

County: Washington  
 Permit #: GW41870  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-1-07

**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: F209  
 Well #: J-85  
 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.

| Well Owner Information                  | Well Location   |
|---|---|
| Owner Name: <u>Isola Plantation</u>     | Latitude: <u>33° 21' 36.0"</u> Longitude: <u>90° 45' 57.4"</u>                                      |
| Mailing Address: <u>2686 Old 61 Hwy</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Leland</u> <u>Ms.</u> <u>38756</u>   | SE 1/4 <u>NE</u> 1/4 Sec <u>2</u> Twn <u>12N</u> Rng <u>6W</u>                                      |
| City State Zip Code                     | Distance Direction Nearest Town   |
| Telephone No. ( ) _____                 | <u>6</u> Miles <u>SE</u> of <u>Leland</u>   |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-1-07 Date well drilling completed: 6-1-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 6-1-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From See Back feet to \_\_\_\_\_ 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

*[Signature]*

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Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

JUN 29 2007

BY: OLWR



# 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  
(601)354-6938 (fax)

County: Washington  
Permit #: 0W41870  
Driller: \_\_\_\_\_  
Date completed: 6-1-07

For Office Use Only:

Aquifer: F209  
Well #: J 85  
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: <u>Isola Plantation</u>     | Latitude: <u>33 21 36.0</u> Longitude: <u>90 45 51.4</u>                         |
| Mailing Address: <u>2686 Old 61 Hwy</u> | Method of Lat/Long (circle one): Conventional Survey,                            |
| <u>Leland Ms. 38756</u>                 | USGS quad, Hand-held GPS, Survey-grade GPS                                       |
| City State Zip Code                     | <u>SE</u> 1/4 <del><u>NE</u></del> 1/4 Sec <u>2</u> Twn <u>17N</u> Rng <u>6W</u> |
| Telephone No. ( ) _____                 | Distance <u>6</u> Miles <u>SE</u> Direction <u>36</u> Nearest Town <u>18N</u>    |
|   | <u>6</u> Miles <u>SE</u> of <u>Leland</u>  |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                              |
|---|---|
| Air Lift      Jet      Submersible                    | <u>Diesel Engine</u> Gasoline Engine      Natural Gas |
| Bucket      Piston <u>Turbine</u>                     | Electric Motor      Hand      Tractor PTO             |
| Centrifugal      Rotary      Flowing Well             | Windmill      Other (specify): _____                  |
| Other (specify): _____                                | Horse Power Rating of Motor: <u>60</u>                |
| Date Pump Installed: <u>6-1-07</u>                    | Setting Depth: <u>70</u> feet                         |
| Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute | Number of Stages: <u>1</u>                            |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one         |
|--|---|
| Date Well Tested: _____                                | Air Line      Electric Measuring Line      Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____                                |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____       |
| Test Pumping Rate: _____ Gallons Per Minute            | _____ feet after _____ hours of pumping               |
| Duration of Pump Test (minimum 4 hours): _____ hours   |   |

I 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)

  
Signature of Pump Installer

RECEIVED  
JUN 29 2007  
BY: OLWR