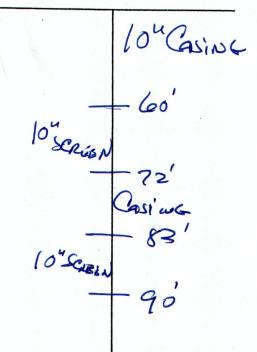
State W	ell Report			
	art 1	For Office Use Only:		
Mississippi Departmer	t of Environmental Quality	Aquifer:		
Office of Land	Office of Land and Water Resources			
Jackson, N	1S 39289-0631	L. S. Elevation:		
	961-5210			
(601)354-6938 (fax) E-log #:				
State Law requires that this report be prepared by the driller in detail and filed with the Department within				
30 days of completion of drilling of the well. Well Owner Information	33 4 11 Well	Location 90 59 22		
L		" Longitude: 90. 58. 373 W		
Owner Name MUSCADINE FARMS	Latitude: 3 ° (10-	" Longitude: 10° _ 7.5 ~		
Mailing Address: CO CORP OF ENCINGERS	Method of Lat/Long (circle or			
2	100 MOORE ST. JSGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code VISGS quad, Hand-held GPS, Survey-grade GPS		Twn_16_Rng_8W		
Telephone No (001)- 631-5283	Distance Miles Direction	of WALSIDE MA		
Well	2.1 MUGL SO	to to Muscapine Rol		
	Irrigation Fish Culture	Other		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 3-30-05 Date well drilling completed: 3-30-05				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured: 3-30-05				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>90</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentomite Mix				
Casing length: 2/feet Casing diameter: 10inches Type of casing: PVC				
Screen length:feet Screen diameter:inches Type of screen:				
Screen slot size: 051 inches Setting depth: From 60 feet to 72 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.				
JAMES ME DONALD #332 Jama MEDOnald				
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		
Well #2		DECEIVED		

APR 2 6 2005 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level



K-122		
Description of Formations Encountered	From	То
TOP Soil	0	10
mix Clay	10	40
FINE Sano	40	60
MED. COARLE SAND	60	72
FINE SAND	72	83
CORRIE SAND	83	90
GRay Clay	90-	93
/ /		
	_	
	_	

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.

Hery/ - Hury 438 2.1 SILL Landowner Name:

Signature of Water Well Contractor

APR 2 6 2005 BY: OLWR

STATE WELL REPORT		
County Part 2 Permit #: Pump Installer's Completion Report Driller Driller Driller Dete completed: 3-30-05 The second		
This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Department within 30 days of the	
Well Owner Information	Well Location 5C	
Owner Name: MUSCARINE FARMS	Latitude 33-14-183 Longitude: 090-58-373W	
Mailing Address: Clo CORP OF ENG: NEER	Method of Lat/Long (circle one): Conventional Survey,	
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS 14 NE 14 Sec 13 Twn ILO Rng & W Distance Direction Nearest Town	
Telephone No. 001 (231 - 52.83	3.1 Miles EAST of WAYSIDE MS. 2.(Miles South OF Mulapine PD.	
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: 3-30-05	Setting Depth:	
Rated Pump Capacity: Gallons Per Minute	Number of Stages:	
Pump Test Data NGT	Method of Measuring Water Level Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
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	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>CLEN</u> <u>Print Name of Pump Installer and License No. (if applicable)</u> <u>Signature of Pump Installer</u>		

*

APR 2 6 2005 BY: OLWR