County: Washington Permit #: (3 ((((((((((((((((((Jackson, MS 39289-0631		
30 days of completion of drilling of the well.			
Well Owner Information Owner Name Arcola Plantation		Well Location 33 15 67N 90 53 ,32W, Latitude: Longitude:	
Mailing Address: Box 310	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held	GPS, Survey-grade GPS	
	SW 1/4 SW 1/4 Sec 2 Twn 16N Rng 7W		
Arcola, MS 38722 City State Zip Code	Distance Direction	Nearest Town	
Telephone No. ()	1 Miles SW		
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture (Replacement	
	well drilling completed:	· ·	
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: 29' feet above of below (circle one)	and surface Date measured:	9-7-05	
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 121 Well depth: 121' Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 81 feet Casing diameter: 16	inches Type of casing: _	PVC Sch.40	
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40			
Screen slot size:			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			

Logs run (circle all applicable) (No log run) Electric Gamma Ray Density Sonic Neutron Other:

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

Top of lap pipe or reduction in casing

Name of organization running log(s):

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

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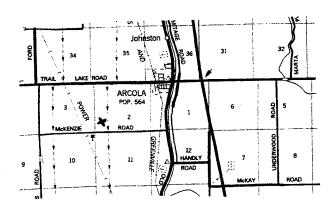
SEP 15 2005

BY: OLWR

Description of Formations Encountered	From	То
	0	18
Clay Fine Sand	19	34
Fine Sand/gravel Med. Sand/gravel	19 35	48
Med. Sand/gravel	49	121
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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.



andowner Name:		
andowner Name'		

Takik M Chr

STATE WELL REPORT

Part 2

County: Washington
Permit # (10000)
Irrigation Equipment
Driller: 9-7-05

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

For Office Use Only:		
Aquifer:		
Well #: L -/6/	-	
Elevation:	_	

Date completed:	D1)354-6938 (fax) Elevation:	
installation of pump.	a detail and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: Arcola Plantation	Latitude: Longitude:	
Mailing Address: Box 310	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Arcola MS 38722	1414 Sec 2 Twn 16N Rng 7W	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	1MilesSWofArcola	
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: 60	
Date Pump Installed: 9-7-05	Setting Depth: 70 feet	
Rated Pump Capacity: 2500 Gallons Per Minute	Number of Stages: 2	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: Static Water Level (A): Feet Below Land Surface 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	
ration of Pump Test (minimum 4 hours):hourshourshours of pumpi		
I HEREBY CERTIFY that the above statements are true to the l Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable)	pest of my knowledge. You have M Chur Signature of Pump Installer	

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SEP 15 2005

BY: OLWR