	State W	ell Report	For Office Use Only:		
County: Washington	Part 1		For Office Ose Only.		
	Mississippi Department of Environmental Quality		Aquifer:		
Permit#: 6W 40971 Irrigation Equipment	<u> </u>	nd Water Resources	Well #: P 139		
Driller:	P.O. Box 10631 Jackson, MS 39289-0631				
Date drilling completed: 3-29-06	-	961-5210	L. S. Elevation:		
Date drilling completed:	` ′	1-6938 (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 Informs			Location		
Owner Name Mickey Jones		33 10', 02	5 90 49 ,43.0 Longitude:		
Mailing Address: 2755 Hwy.12	East	Method of Lat/Long (circle on	e): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS		
		NW 1/4 NW 1/4 Sec 10	Twn 15N Rng 6W		
<u>Hollandale</u> City Stat	MS 38748	Distance Diseasion	Nearest Town		
City State Zip Code 662-827-7117		Distance Direction Nearest Town 2 Miles East of Hollandale			
Telephone No. ()					
	Well I	. 4:			
	-				
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other Pond		
Date well drilling started: 3-29-06 Date well drilling completed: 3-29-06					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 26 feet above of below (circle one) land surface Date measured: 3-30-06					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 115' Well dep	oth: 115'	Well grouted to a depth of	10 <u>feet</u>		
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: 75 feet Casin	ng diameter: 6	_inches Type of casing: P	vc		
Screen length: 40 feet Screen	en diameter: 6	inches Type of screen:	PVC		
Screen slot size:inches	Setting depth: From _	76feet to	115 feet		
Type of completion (circle all applicable): Travel 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

Print Name of Water Well Contractor and License No.

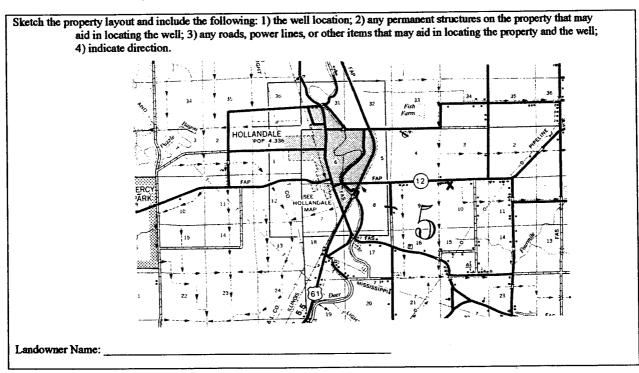
Mu

Signature of Water Well Contractor

Ground Level

Description of Formations Encountered	From	To
Clay	0	22
Fine Sand Fine Sand/gravel Med. Sand/gravel	<u>23</u> 45	44
Fine Sand/gravel	45	69
Med. Sand/gravel	70	115
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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

Washington County: _ Permit #: 6 (U U O 9) | Irrigation Equipment Driller:

3-29-06 Date completed:

Copy information from block on Part 1

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)

This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department			
Well Owner Information	Well Location		
Owner Name: Mickey Jones	Latitude:Longitude:		
Mailing Address: 2755 Hwy.12 E	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Hollandale MS 38748 City State Zip Code	¼¼ Sec10 _T_15N _R6W		
•	Distance Direction Nearest Town		
662-827-7117 Telephone No. ()	e East of Hollandale		
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: 5		
Date Pump Installed: 3-30-06	Setting Depth: 60 feet		
Rated Pump Capacity: 275 Gallons Per Minute	Number of Stages:1		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	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	Guer (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 Patrick M. Chism 0695	of my knowledge.		

I HEREBY CERTIFY that the above statements are	rue to the best of my knowledge.	. 1
Patrick M. Chism 069		n Chai
Print Name of Pump Installer and License No. (if ar		of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

APR 17 2006

BY: OLWR