	State Wel	ll Report				
County: Ugzop	Par		For Office Use Only:			
Permit #: 600 1/21/95	Mississippi Department of Environmental Quality		Aquifer:			
Trrigation Equipment	Office of Land and		Well #: 6 - 45			
Irrigation Equipment	P.O. Box Jackson, MS					
Date drilling completed: 5-8-08	(601)96		L. S. Elevation:			
	(601)354-6		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 Informa		Well	Location			
Owner Name Sqssy M Mailing Address: P.D. Box			Longitude: 90 38,32,3			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, , , , , , , , , , , , , , , , , , ,	remod of Law Long (entire on	c). Conventional Survey,			
		USGS quad, Hand-held	GPS, Survey-grade GPS			
Holly Bluff City Bluff	1115. 3 1088		Twn 12N Rng 4W			
Telephone No. 662 828-3382 Distance Direction Nearest Town Holly Bluff						
	Well Dat	2				
D	Dir a	- Tilou				
Purpose of Well (circle one) Home Ind			Other:			
Date well drilling started: 5-8	Date well	drilling completed:	<u> 3-8-08</u>			
If flowing, method of flow regulation: Val	ve Other (desc	ribe)				
Static Water Level: 20 feet above of below circle one) land surface Date measured: 5-9-08						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth:						
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 75 feet Casin	ng diameter: 16 in	nches Type of casing:	PVC			
Screen length: 40 feet Screen	en diameter: <u>16</u> i	nches Type of screen:	PVC			
Screen slot size:						
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 Halth regulations and state laws. Irrigation Equipment Inc						
Patrick M. Chism	0695					
,	- · ·	V.A				

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

MAY 15 2008

BY: OLWR

· 661434195

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clav	0	27
Fine Sand + Gravel Fine sand + Gravel Medium Sand + Gravel	128	35
Fine sand + (irave)	36	49
Medium Sand & Grave	50	113
	1	$\vdash \vdash$
	+	\vdash
	i	\Box
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	+	\vdash
	 	
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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 lin	es, or other items that may aid in locating the property and the well;
4) indicate direction.	

Landowner Name: Sassy Major Co.

Signature of Water Well Contractor

RECEIVED

MAY 15 2008

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

Irrigation Equipment

Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)

For Office Use Only:		
.quifer:		
Vell #:	E-45	
levation	ı:	

0.0.00		MS 39289-0631	Well #:		
Date completed: <u>5-8-08</u>)961-5210 54 6039 (6)	Elevation:		
	(601)354-6938 (fax) Elevation:				
This report should be prepared by the installation of pump.		ail and filed with the Departm	ent within 30 days of the		
Well Owner Information		Well Location			
Owner Name: Sassy Major Co.		Latitude: Longitude:			
Mailing Address: P.O. Box 145		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand	I-held GPS, Survey-grade GPS		
Holly Bluff Ms. 39088 City State Zin Code		NE 1/2 NE 1/4 Sec 19 Twn 12N Rng 44			
		Distance Direction Nearest Town			
Telephone No. ()		4 Miles NE of Holly Bluff			
Pump Type					
Circle one			wer Type ircle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne 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: 5-9-08		_			
Date Pump Installed: 0 100		Setting Depth:	feet		
Rated Pump Capacity: 2800 +	Gallons Per Minute	Number of Stages:			
Pump Test Data		Method of Me	asuring Water Level		
-			ircle one		
Date Well Tested:		Air Line Electric Mea	suring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface		Other (marie)	-		
Pumping Water Level (B):Feet Below Land Surface		Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured sh	ut in head:feet		
Test Pumping Rate: Gallons Per Minute		Well yielded	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	fect after	hours of pumping		
		Λ			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					

Signature of Pump Installer

