<u></u>	State W	ell Report		
16200	State Well Report Part 1		For Office Use Only:	
County: 14 22 CC	Mississippi Department of Environmental Quality		Aquifer:	
County: 16200 Permit #: 6w 41819 Irrigation Equipment	Office of Land and Water Resources		Well #: 4 - 78	
Driller:	P.O. Box 10631		Well #: _ K - / ()	
Date drilling completed: 4-16-07	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 7-16.67		961-5210 4 6039 (fort)	T 1 - 4.	
(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		Well Location		
Owner Name Valley Planting		Latitude:°" Longitude:°"		
Mailing Address: 130x 10		Method of Lat/Long (circle or		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Satatia MS 39162		ľ '		
City State Zip Code Distance		Distance Direction Wiles Not 11	Nearest Town of Setentia	
Telephone No. ()				
	Well	Data	Pirot	
Purpose of Well (circle one) Home Industrial Public Supply Trigation Fish Culture Other. Replacement				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement Date well drilling started: 4-16-67 Date well drilling completed: 4-16-67 Say 39394				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 21 feet above or felow (circle one) land surface Date measured: 4-2c-07				
Method of Measurement (circle one) stoel tape electric tape air line other:				
Hole depth: 1/7 Well depth: 1/7 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 46 feet Screen diameter: 16 inches Type of screen: PVC				
Screen slot size: 10.50 inches Setting depth: From 78 feet to 117 feet				
Type of completion (circle all applicable): Oravel 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				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor			Water Well Contractor	

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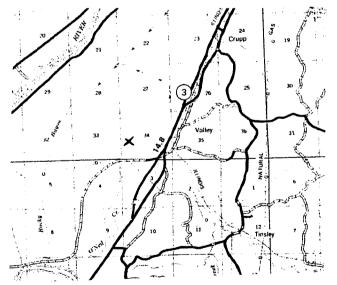
Ground Level

Description of Formations Encountered	From	To
CAV	0	38
FIND SOILCE	139	55
Fine Sand + gravel medium sand + gravel	156	74
medium sand + gravel	7.5	117
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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.

Note: New well is 1140' east of old well.



Landowner Name:

Signature of Water Well Contractor

STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Driller: Well#: Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) 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 Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW 4 SW 4 Sec 26 Twn 111 Rng 3W Distance Telephone No. (6 Miles North of Satartia Pump Type **Power Type** Circle one 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: Setting Depth: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level 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 Drawdown [(B)-(A)]: _____Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: ____ Gallons Per Minute Well vielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours) hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my linewiedge.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer