

State Well Report

Part I

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)

For Office Use Only:

Aquifer: _____
 Well #: N-17
 L. S. Elevation: _____
 E-log #: _____

County: Adams
 Permit #: GW 16420
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-2007

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: <u>Lake Mary Planting Co.</u> Mailing Address: <u>BOX 368</u> <u>Ferriday LA 71334</u> City State Zip Code Telephone No. <u>601-888-4541</u>	Latitude: <u>31.13.028</u> Longitude: <u>91.31.10.6</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓ <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>16</u> Twn <u>3N</u> Rng <u>4W</u> NE 23 Distance Direction Nearest Town <u>12</u> Miles <u>SW</u> of <u>Sibley</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-2007 Date well drilling completed: 6-2007

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 27 feet above or (below) (circle one) land surface Date measured: 6-22-07

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 217 Well depth: 217 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 157 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 158 feet to 217 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.

Irrigation Equipment Inc.
 Patrick M. Chism 0695

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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GW16420

N-17

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Clay	0	120
Fine Sand & Gravel	121	135
Medium Sand & Gravel	136	214
Clay	215	217

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.

Landowner Name: Lake Mary Planting Co.

Peter McJ
Signature of Water Well Contractor

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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
Jackson, MS 39289-0631
(601) 961-5210
(601) 354-6938 (fax)

County: Adams
 Permit #: 6W 16420
 Driller: Irrigation Equipment
 Date completed: 6-20-07

For Office Use Only:
 Aquifer: _____
 Well #: N-17
 Elevation: _____

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
Owner Name: <u>Lake Mary Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 368</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
City: <u>Ferriday LA</u> State: <u>LA</u> Zip Code: <u>71334</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No.: <u>601-888-4541</u>	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec. <u>16</u> Twn <u>3N</u> Rng <u>4W</u>
	Distance: _____ Direction: <u>23</u> Nearest Town: _____
	<u>12</u> Miles <u>SW</u> of <u>Sibley</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ <u>Turbine</u> _____	Hand _____ <u>Electric Motor</u> _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-21-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

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	For flowing well, measured slant in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Patrick M. Chism 0695

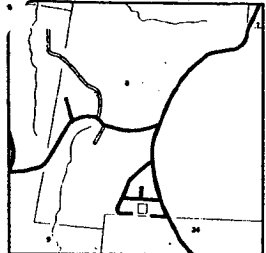
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer: [Signature]

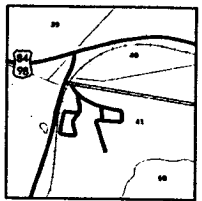
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Inset F
T6N R2W R3W



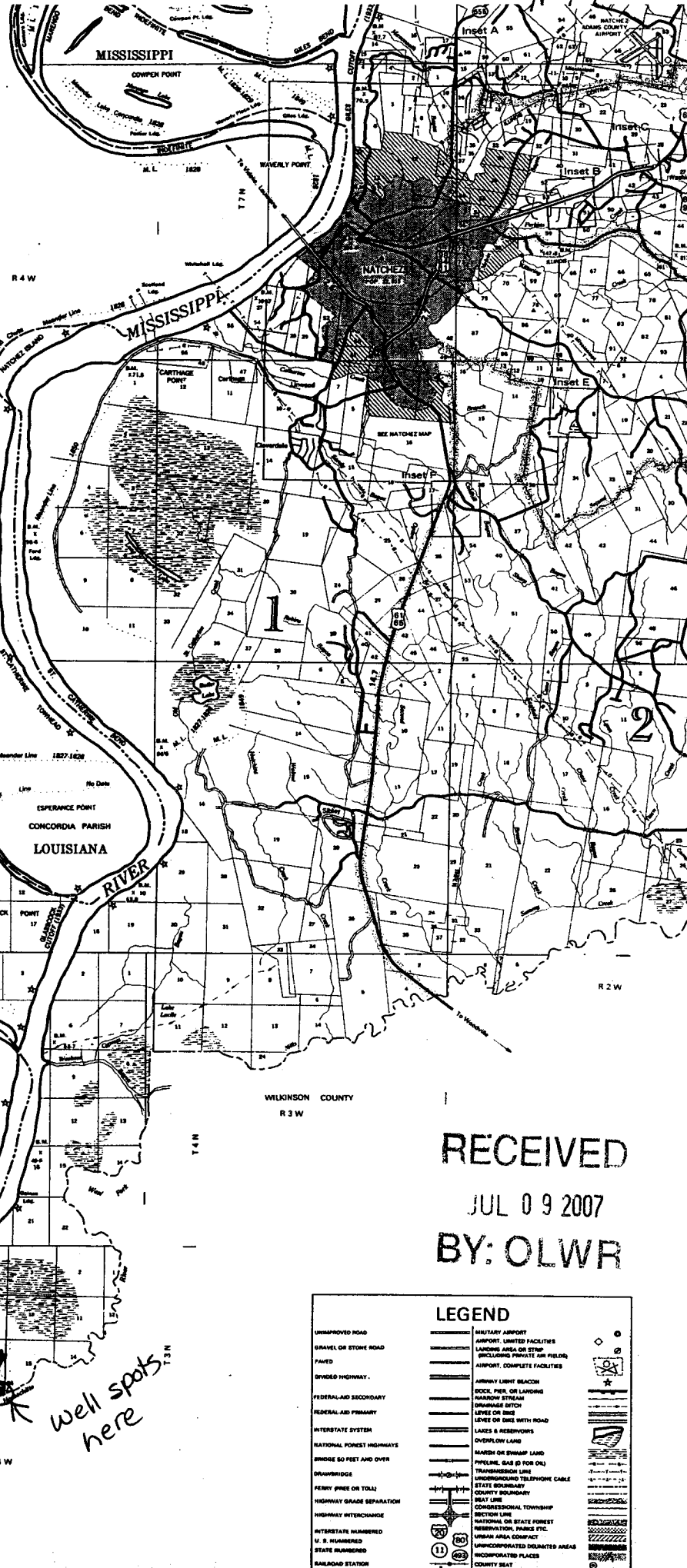
Inset E
T6N R3W



Inset D
T7N R2W

31°15' 31°10' 31°05' 31°00' 30°55' 30°50' 30°45' 30°40' 30°35' 30°30' 30°25' 30°20' 30°15' 30°10' 30°05' 30°00'

L O U I S I A N A



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well spots
here

LEGEND	
UNIMPROVED ROAD	MILITARY AIRPORT
GRAVEL OR STONE ROAD	AIRPORT, LIMITED FACILITIES
PAVED	LANDING AREA OR STRIP INCLUDING PRIVATE USE FIELDS
DIVIDED HIGHWAY	AIRPORT, COMPLETE FACILITIES
FEDERAL AID SECONDARY	AIRWAY LIGHT BEACON
FEDERAL AID PRIMARY	ROCK, PIER, OR LANDING
INTERSTATE SYSTEM	HARBOR STREAM
NATIONAL FOREST HIGHWAYS	DRAINAGE BETCH
BRIDGE 50 FEET AND OVER	LEVEL OR DUNE
DRAWBRIDGE	LEVEL OR DUNE WITH ROAD
FERRY FREE OR TOLL	LAKES & RESERVOIRS
HIGHWAY GRADE SEPARATION	OVERFLOW LAND
HIGHWAY INTERCHANGE	MARSH OR SWAMP LAND
INTERSTATE NUMBERED	PIPELINE, GAS (D FOR OIL)
STATE NUMBERED	TRANSMISSION LINE
RAILROAD STATION	UNDERGROUND TELEPHONE CABLE
GRADE CROSSING	STATE BOUNDARY
RAILROAD AVENUE	COUNTY BOUNDARY
RAILROAD BRIDGE	BEAT LINE
	CONGRESSIONAL TOWNSHIP SECTION LINE
	NATIONAL OR STATE FOREST
	RECREATING PARKS, ETC.
	URBAN AREA COMPACT
	UNINCORPORATED PLACES
	COUNTY SEAT
	OTHER CITIES AND VILLAGES
	OBSERVATION OR LOOKOUT TOWER
	TRIANGULATION STATION