

State Well Report

Part 1

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: Bolivar
Permit #: 6092743
Irrigation Equipment
Driller:
Date drilling completed: 7-10-08

For Office Use Only:
Aquifer:
Well #: D-159
L. S. Elevation:
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: Owner Name Parks Place, Mailing Address 40 John Denton, Box 189, Shelby Ms. 38774
Well Location: Latitude 33.57.05, Longitude 90.50.35.9, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4 Sec 8, Twn 24N Rng 6W, Distance 4 Miles, Direction W, Nearest Town Shelby

Well Data: Purpose of Well Irrigation, Date well drilling started 7-10-08, Date well drilling completed 7-10-08, Static Water Level 32 feet above of below land surface, Date measured 7-11-08, Method of Measurement steel tape, Hole depth 125, Well depth 125, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 85 feet, Casing diameter 16 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 16 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 86 feet to 125 feet, Type of completion Gravel packed, Other (describe):

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

Replaces GW 37464

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BY: OLWR

(1042-143)

D-159

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	33
Fine Sand + Gravel	34	55
Fine Sand	56	71
Fine Sand + gravel	72	75
Medium Sand + Gravel	76	125

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: Park's Place



Signature of Water Well Contractor

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

County: Bolivar
 Permit #: EL042743
Irrigation Equipment
 Driller: _____
 Date completed: 7-10-08

For Office Use Only:

Aquifer: _____
 Well #: D-159
 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.

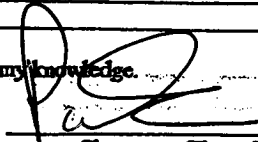
Well Owner Information	Well Location
Owner Name: <u>Park's Place</u> Mailing Address: <u>Go John Denton</u> <u>Box 189</u> <u>Shelby Ms. 38774</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 8 Twn 24N Rng 6W</u> Distance Direction Nearest Town <u>4 Miles W of Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-11-08</u> Rated Pump Capacity: _____ Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>125</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

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

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

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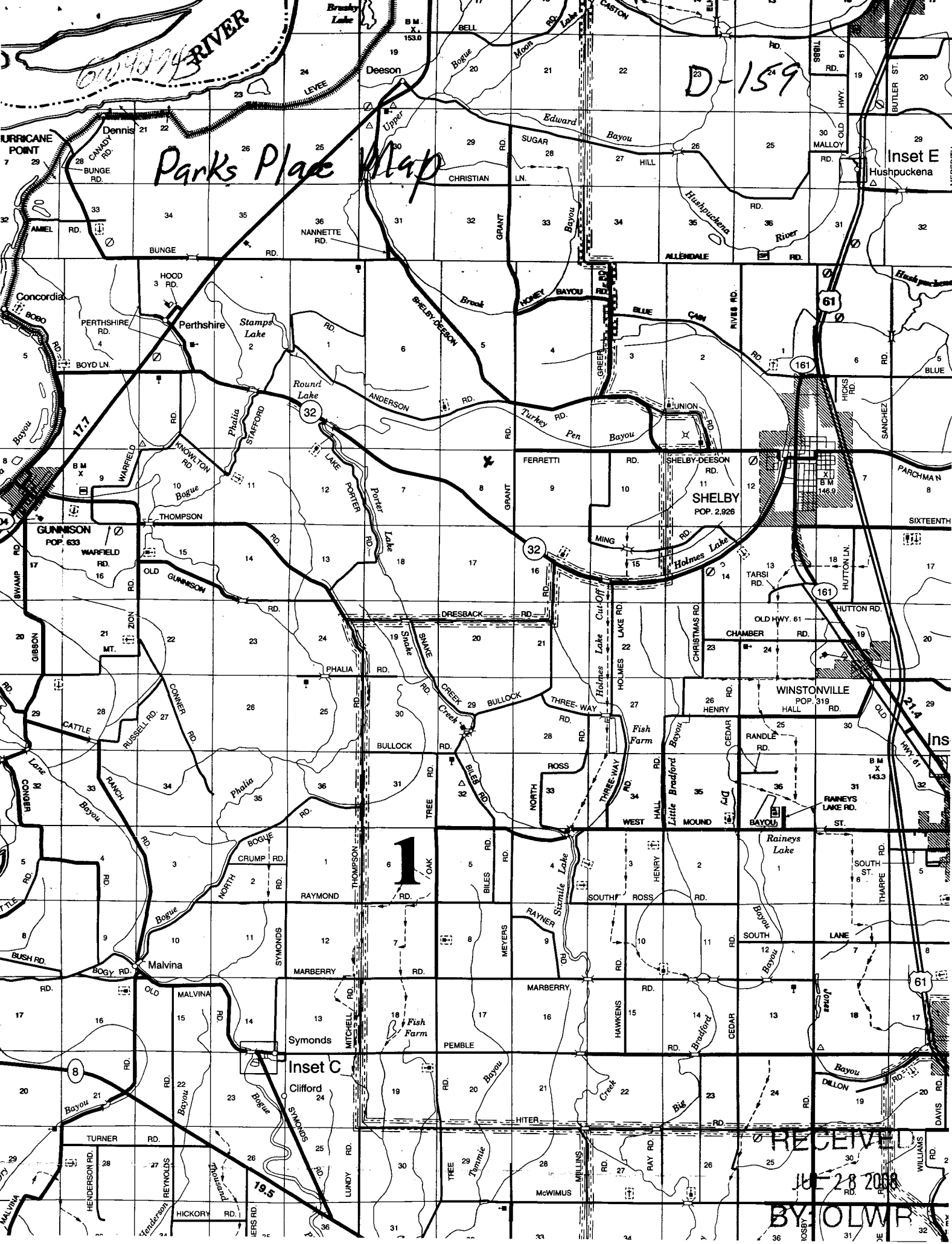
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60-49-1 RIVER

Parks Place Map

D-159

Inset E
Hushpuckena



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