

**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: Carroll
 Permit #: 60042989
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-26-08

For Office Use Only:

Aquifer: _____
 Well #: A-90
 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	Well Location
Owner Name: <u>Longshot Planting Co.</u>	Latitude: <u>33° 35' 02.4"</u> Longitude: <u>90° 05' 25.8"</u>
Mailing Address: <u>991 County Rd. 188</u>	Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>26</u>
<u>Greenwood Ms. 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 21 Twn 20N Rng 2E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Teoc</u>

Well Data Old well 30' west

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

Date well drilling started: 7-26-08 Date well drilling completed: 7-26-08

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 8-1-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 _____ feet to _____ 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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor _____

Replaces GW08095

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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: Carroll
 Permit #: 2007-2789
Irrigation Equipment
 Driller: _____
 Date completed: 7-26-08

For Office Use Only:

Aquifer: _____
 Well #: A-90
 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.

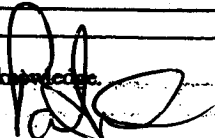
Well Owner Information	Well Location
Owner Name: <u>Longshot Planting Co.</u> Mailing Address: <u>991 County Rd 188</u> <u>Greenwood Ms. 38930</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 21 Twn 20N Rng 2E</u> Distance Direction Nearest Town <u>2 Miles W of Teoc</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>8-1-08</u>	Horse Power Rating of Motor: <u>100</u>
Rated Pump Capacity: _____ Gallons Per Minute	Setting Depth: <u>60</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	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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

RECEIVED
 08-18-2008
 BY DLWF

Longshot Planting Co.

6042789

A-90

