

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: Coahoma

Permit #: 412-14
Irrigation Equipment
Driller: _____

Date drilling completed: 7-20-06

For Office Use Only:

Aquifer: _____

Well #: H-95

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>Funderburk Farms</u>	Latitude: <u>34.07 09.3</u> Longitude: <u>90.40.37.6</u>
Mailing Address: <u>755 West Bobo Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>NE SE 1/4 NE 1/4 Sec 1A 23 Twn 26N Rng 5W</u>
Telephone No. () _____	Distance: <u>1</u> Miles Direction: <u>South</u> of Nearest Town: <u>Bobo</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	Replacement
Date well drilling started: <u>7-20-06</u>	Date well drilling completed: <u>7-20-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	<u>Replaces</u> <u>611-08195</u>
Static Water Level: <u>36'</u> feet above or below (circle one) land surface	Date measured: <u>7-20-06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>110</u> Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC 160</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC 160</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>61</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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: Patrick M Chism

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AUG 21 2006

YMD JOINT WATER MANAGEMENT DISTRICT

412-14

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)

For Office Use Only:

Aquifer: _____
Well #: H-95
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: GW41274
Irrigation Equipment
Driller: _____
Date drilling completed: 7-20-06

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>Funderburk Farms</u>	Latitude: <u>34.07 09.3</u> Longitude: <u>90.40.37.6</u>
Mailing Address: <u>755 West Bobo Road</u>	Method of Lat/Long (circle one): <u>09</u> Conventional Survey, <u>37</u>
<u>Clarksdale MS 38614</u>	<u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Clarksdale</u> State: <u>MS</u> Zip Code: <u>38614</u>	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>1423</u> Twn <u>26N</u> Rng <u>5W</u>
Telephone No. () _____	Distance: <u>1</u> Miles Direction: <u>South</u> of Nearest Town: <u>Bobo</u>

Well Data

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

Date well drilling started: 7-20-06 Date well drilling completed: 7-20-06

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

Static Water Level: 36' feet above or below (circle one) land surface Date measured: 7-20-06

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 61 feet to 100 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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BY: OLWR

H:

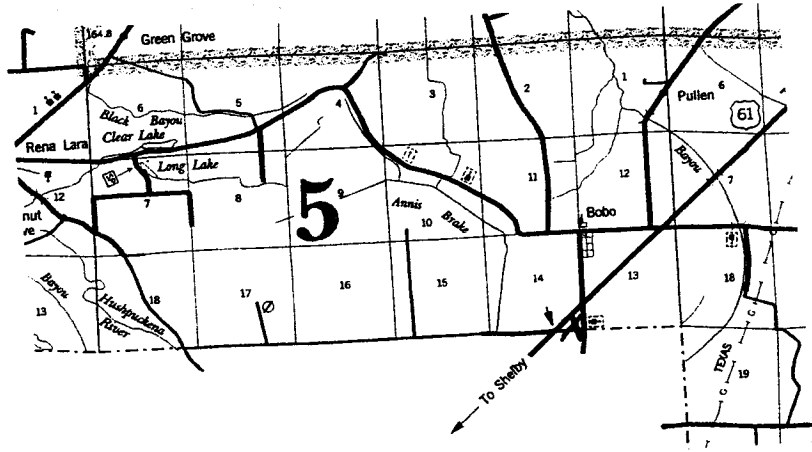
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	39
Fine Sand/gravel	40	53
Med. Sand/gravel	54	100
Clay	101	110

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: _____

Patricia M. Chiu
Signature of Water Well Contractor

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: Coahoma
 Permit #: GW 41274
 Irrigation Equipment
 Driller: _____
 Date completed: 7-20-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-95
 Elevation: _____

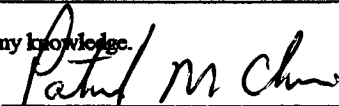
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Funderburk Farms</u> Mailing Address: <u>755 West Bobo Road</u> <u>Clarksdale MS 38614</u> <small>City State Zip Code</small> <u>662-624-5850</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>14</u> T <u>26</u> N R <u>5</u> W Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Bobo</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>7-20-06</u> Rated Pump Capacity: <u>1400</u> Gallons Per Minute	

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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 AUG 07 2006
 BY: OLWA

Form DWRS 12-78