

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-132
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: 41346
Driller: Irrigation Equipment
Date drilling completed: 9-27-07

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>Dulaney Farms</u>		Latitude: <u>34 03 43.7</u>	Longitude: <u>90 33 58.0W</u>
Mailing Address: <u>6933 Sunflower School Rd</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>	
		<u>SE 1/4 SW 1/4 Sec 1 Twn 25N Rng 4W</u>	
City: <u>Clarksdale</u> MS <u>38614</u>	State: <u>MS</u> Zip Code: <u>38614</u>	Distance: <u>3</u> Miles	Direction: <u>North</u> of Nearest Town: <u>Roundaway</u>
Telephone No. () <u>662-627-7060</u>			

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YMD JOINT WATER MANAGEMENT DISTRICT

Well Data

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

Date well drilling started: 9-27-06 Date well drilling completed: 9-27-06

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

Static Water Level: 42' feet above or below (circle one) land surface Date measured: 10-2-06

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

Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 77 feet to 136 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. _____
Patrick M. Chism
Signature of Water Well Contractor

41346

State Well Report

Part 1

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Office of Land and Water Resources
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For Office Use Only:

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Well #: N-132
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County: Coahoma
Permit #: 6W41346
Irrigation Equipment
Driller: _____
Date drilling completed: 9-27-07

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Owner Name	<u>Dulaney Farms</u>	Latitude: <u>34</u> ° <u>03</u> ' <u>43.7</u> "	Longitude: <u>90</u> ° <u>33</u> ' <u>58.0W</u> "
Mailing Address:	<u>6933 Sunflower School Rd</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>58</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
	<u>Clarksdale MS 38614</u>	SE <u>1/4</u> SW <u>1/4</u> Sec <u>1</u> Twn <u>25N</u> Rng <u>4W</u>	
	City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	<u>662-627-7060</u>	<u>3</u> Miles <u>North</u> of <u>Roundaway</u>	

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Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Patrick M. Chism
Signature of Water Well Contractor

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BY: OLWR

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	34
Fine Sand	35	45
Fine Sand/gravel	46	67
Med. Sand/gravel	68	136

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. Chini
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 #: 6W 41346
 Irrigation Equipment
 Driller: _____
 Date completed: 9-27-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-132
 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>Dulaney Farms</u> Mailing Address: <u>6933 Sunflower School Road</u> _____ <u>Clarksdale MS 38614</u> City State Zip Code <u>662-627-7060</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 1 T 25NR 4W</u> Distance Direction Nearest Town <u>3 Miles North of Roundaway</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-2-06</u> Rated Pump Capacity: <u>3500±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>75</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</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)

Patrick M Chism
 Signature of Pump Installer

Form: OLWR-SWR-1B
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 BY: OLWR