

# 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: Humphreys  
Permit #: 600-12573  
Irrigation Equipment  
Driller:  
Date drilling completed: 6-13-08

For Office Use Only:  
Aquifer:  
Well #: B-266  
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>H+N Planting Co.</u>	Latitude: <u>33.14.55.4</u> Longitude: <u>90.39.31.4</u>
Mailing Address: <u>Rt 1, Box 241</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>31</u>
<u>Isola</u> <u>Ms.</u> <u>38754</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 12 Twn 16N Rng 5W</u>
Telephone No. ( )	Distance <u>4</u> Miles <u>SW</u> Direction of <u>Isola</u> Nearest Town

Well Data

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

Date well drilling started: 6-13-08 Date well drilling completed: 6-13-08

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

Static Water Level: 29 feet above of below (circle one) land surface Date measured: 6-14-08

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 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 82 feet to 121 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 Patrick M. Chism

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EW 42513

B-266

If well telescopes please sketch below and show depths.

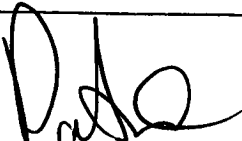
Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	38
Fine Sand + Gravel	39	65
Medium Sand + Gravel	66	121

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: H + N Planting Co.



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: Humphreys  
 Permit #: 00042513  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-13-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-266  
 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>H + N Planting Co.</u> Mailing Address: <u>Rt 1, Box 241</u>  <u>Isola</u> <u>Ms.</u> <u>38754</u> <small>City State Zip Code</small>	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>NE 1/4 SE 1/4 Sec 12 Twn 16N Rng 5W</u>  Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Isola</u>
Telephone No. ( ) _____	

Pump Type <small>Circle one</small>	Power Type <small>Circle one</small>
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input checked="" type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-14-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level <small>Circle one</small>
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	
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

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# H+N Planting Map

B-266 N

6242513

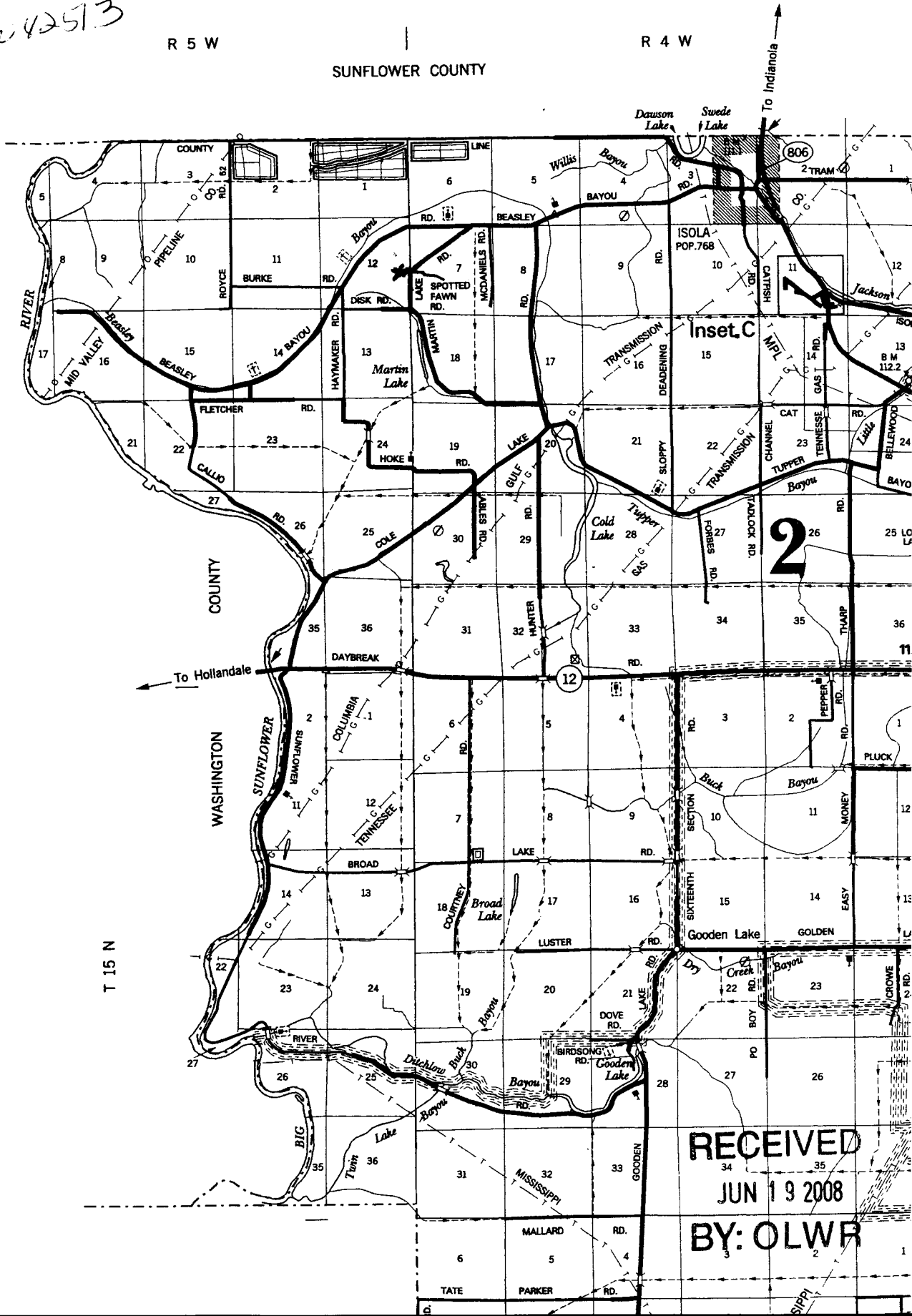
R 5 W

R 4 W

SUNFLOWER COUNTY

T 17 N

T 16 N



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