

County: Humphreys  
 Permit #: GW 44761  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-13-2011

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: L99  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Simmons Farms</u>          Mailing Address: <u>2628 Erickson Rd</u>  <u>Yazoo City MS 39194</u>          City State Zip Code  <u>662-746-5687</u>          Telephone No. ( )</p>	<p><b>Well or Borehole Location</b></p> <p>32 57 46.7N 90 29 04.5W          Latitude: " Longitude: "</p> <p>Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>NE <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> 1/4 Sec 22 <input checked="" type="checkbox"/> Twn 13N <input checked="" type="checkbox"/> Rng 3W <input checked="" type="checkbox"/></p> <p>Distance Direction Nearest Town          Miles se of Louise</p>
---	---

**Well / Borehole Data**

Date drilling started: 6-13-11 Date drilling completed: 6-13-11 Hole depth: 132 Hole diameter: 24"

Location of the source of any surface water used for drilling: surface water  
 Method of dosing and volume of Chlorine used in drilling and development: 50PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 16' feet above or below (circle one) land surface Date measured: 6-15-11

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

Well depth: 132 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 32 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .050 inches Setting depth: From 101 feet to 132 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 next page*

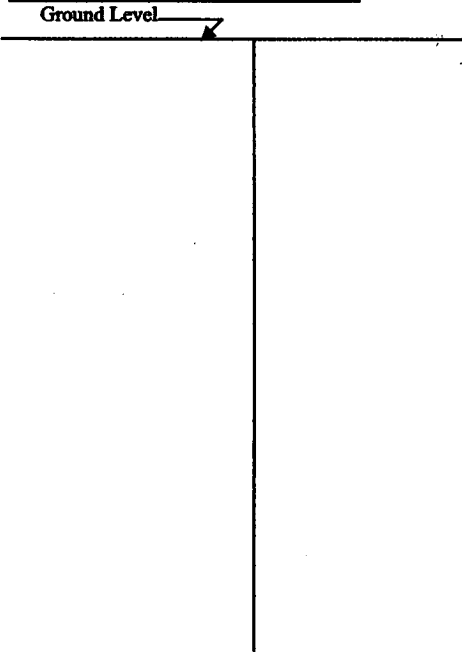
Form: OLWR-SWR-1A (04/08)

RECEIVED  
 AUG 03 2011  
 BY: OLWR

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
clay	Ground Level	23
fine sand	24	49
fine sand/gravel	50	63
med sand/gravel	64	79
fine sand	80	99
med sand/gravel	100	130
clay	131	132

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) a north arrow.

simmons farms

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M Chism 0695

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED

AUG 03 2011

BY: OLWR

County: Humphreys  
 Permit #: GW 44761  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-13-2011  
 Copy information from block on Part 1

**STATE WELL REPORT  
Part 2**

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L99  
 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>Simmons Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2628 Erickson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Yazoo City MS 39194</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> T <u>13N</u> R <u>3W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles <u>se</u> of <u>Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <b>Turbine</b> <input checked="" type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-15-2011</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one):     New Well     Replacement of Existing Pump     Repair of Existing Pump

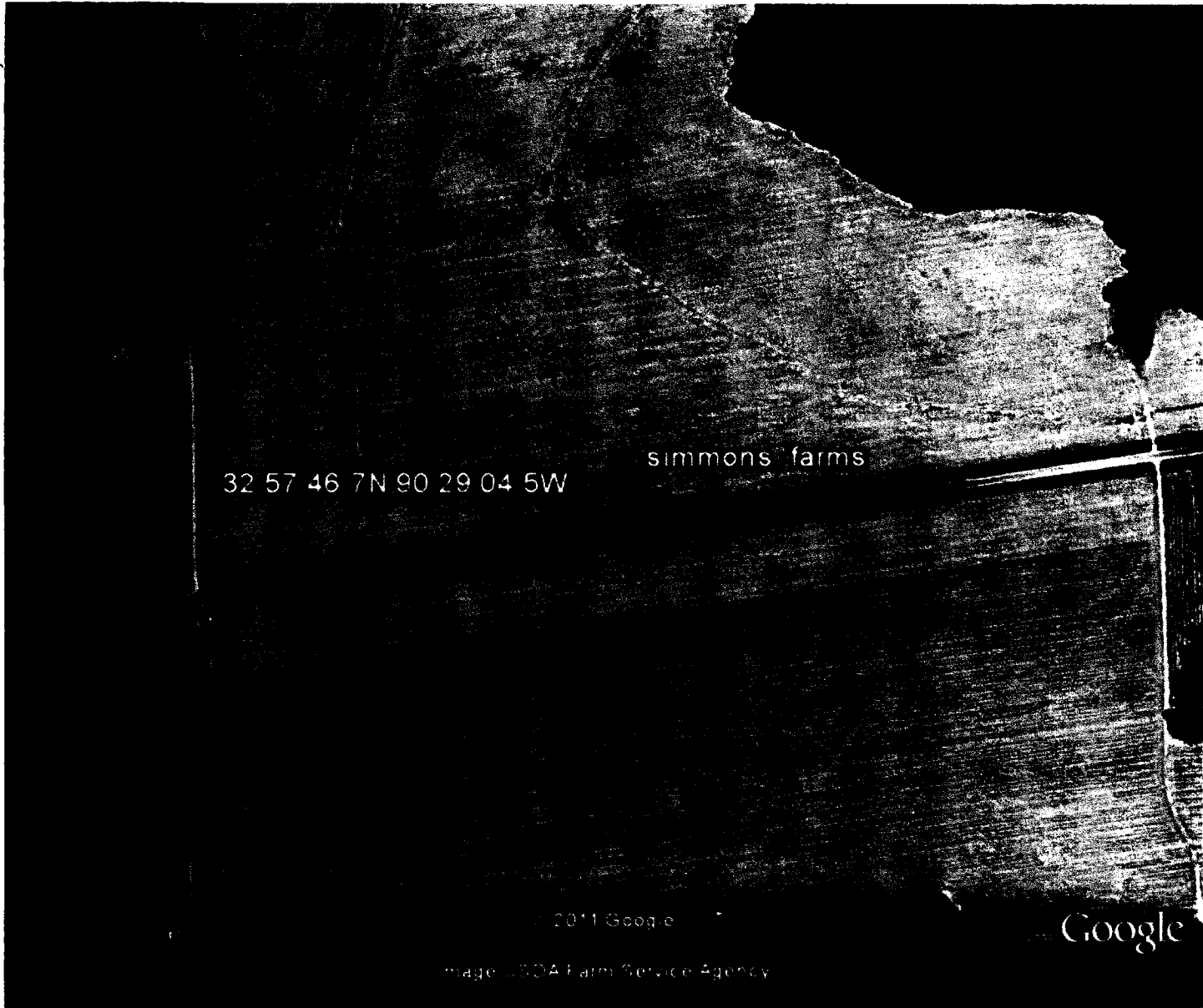
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M Chism 0695      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

RECEIVED  
 AUG 03 2011  
 BY: OLWR

L99



32 57 46 7N 90 29 04 5W

simmons farms

© 2011 Google

Image © USDA Farm Service Agency

Google

**RECEIVED**  
AUG 03 2011  
BY: OLWR