

County: Leflore  
 Permit #: GW-45103  
 Irrigation Equipment  
 Date drilling completed: 4-8-11

**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: A158  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Parks Plantation Inc.</u>	Latitude: <u>33.47295</u>	Longitude: <u>90.22236</u>	
Mailing Address: <u>P.O. Box 926</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Aberdeen Ms. 39730</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>11</u> Twn <u>22N</u> Rng <u>2W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>5</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Winter City</u>
Telephone No.: <u>662-369-9531</u>			

Well / Borehole Data

Date drilling started: 4-8-11 Date drilling completed: 4-8-11 Hole depth: 121 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: 50 PPM

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 \_\_\_\_\_

\_\_\_\_\_ Scientific Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If driller 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: Replacement

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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 79 feet to 118 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

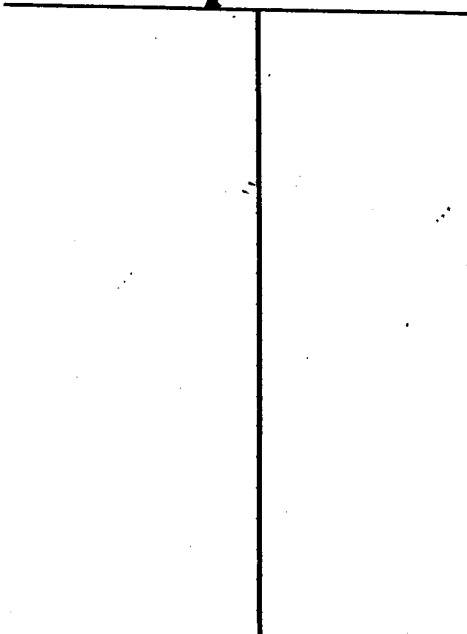
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet *If telescoped or more than one screen, describe on next page*

A158

The sketch below only required for water wells

If well telescopes, show depths on sketch  
Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	67
Medium Sand & Gravel	68	117
Fine Sand & Clay	118	121
Blanked 3' on bottom		

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.

Landowner Name: Park's Plantation Inc.

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

County: Leflore  
 Permit #: GW-45103  
 Irrigation Equipment  
 Date completed: 4-8-11  
 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 #: \_\_\_\_\_  
 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.

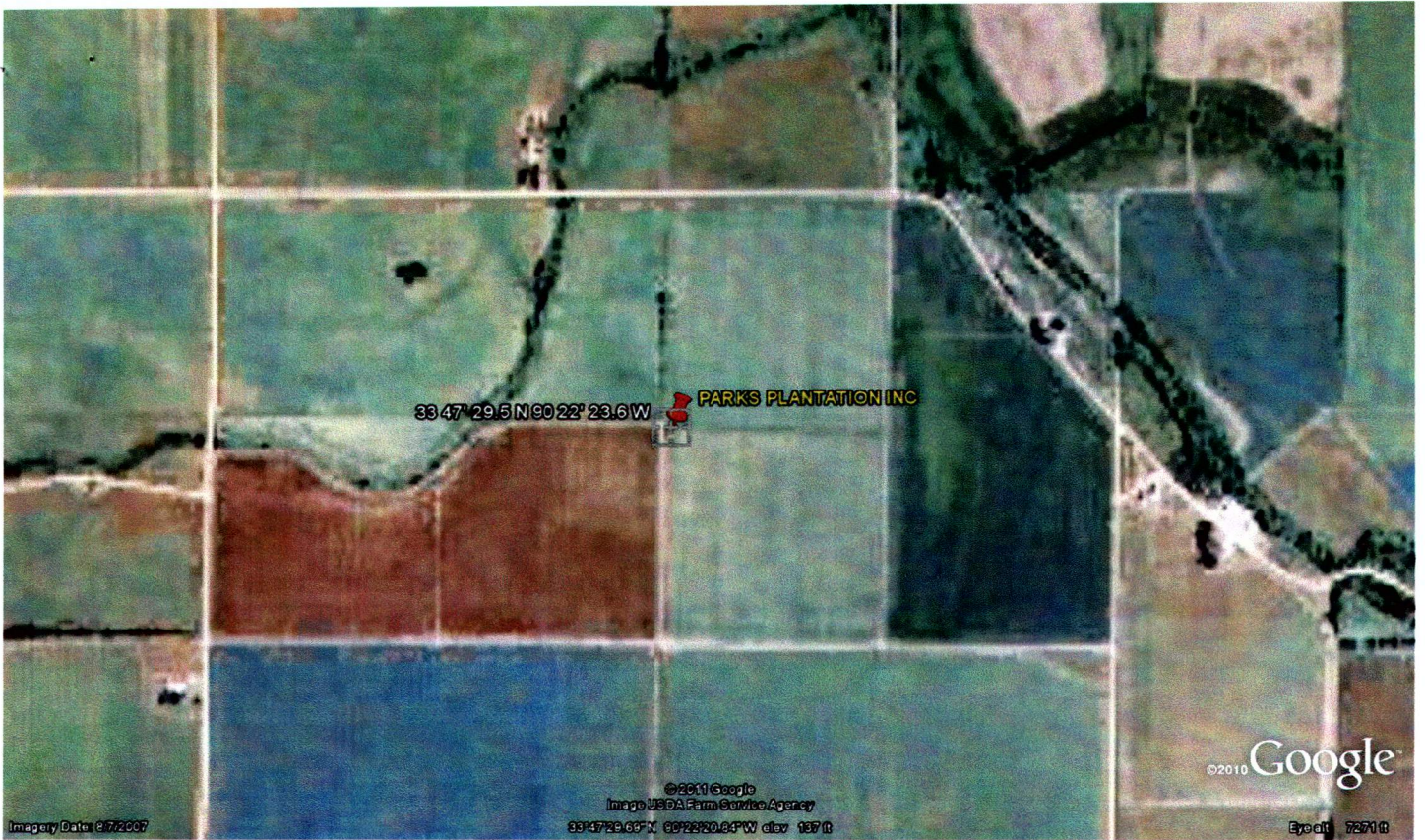
Well Owner Information		Well Location	
Owner Name: <u>Parks Plantation Inc.</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>P.O. Box 926</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Aberdeen Ms. 39730</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 11 T22N R 2W</u>		
Telephone No. ( ) _____	Distance: <u>5</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Minster City</u>

Pump Type Circle one		Power Type Circle one	
Air Lift <input type="checkbox"/>	Jet <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine	Natural Gas <input type="checkbox"/>
Submersible <input type="checkbox"/>	Electric Motor <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Bucket <input type="checkbox"/>	Hand <input checked="" type="checkbox"/>	Other (specify): _____	
Centrifugal <input type="checkbox"/>	Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/>	
Other (specify): _____		House Power Rating of Motor: <u>60</u>	
Date Pump Installed: <u>4-9-2011</u>		Setting Depth: <u>70</u> feet	
Rated Pump Capacity: _____ Gallons Per Minute		Number of Stages: <u>2</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  
 Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
 Signature of Pump Installer \_\_\_\_\_



Imagery Date: 2/7/2007

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Image USDA Farm Service Agency  
33 47 29.65°N 90 22 20.64°W elev 187 ft

Eye alt 7271 ft

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APR 27 2011

BY: OLWR