

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)

County: Leflore
 Permit #: GW 42289
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 11-20-07

For Office Use Only

Agency: _____
 Well #: B-127
 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>Parks Planting Inc.</u>	Latitude: <u>33.47.238</u> Longitude: <u>90.17.03.1</u>
Mailing Address: <u>c/o Fischer Farm Services</u>	Method of Loc. Log (circle one): <u>24</u> Conventional Survey, <u>03</u>
<u>P.O. Box 926</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen Ms. 39730</u>	<u>NE 1/4 SW 1/4 Sec 10 Twp 22N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-369-9531</u>	<u>2</u> Miles <u>N</u> of <u>Minter City</u>

Well Data

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

Date well drilling started: 11-20-07 Date well drilling completed: 11-20-07

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

Static Water Level: 29 feet above of below (circle one) land surface Date measured: 11-21-07

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 Bestonite 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 Undrilled 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: [Signature]
 RECEIVED
 DEC 04 2007
 BY: OLWER

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: Leflore
 Permit #: GW42289
 Irrigation Equipment
 Builder: _____
 Date completed: 11-20-07

For Office Use Only:

Aquifer: _____
 Well #: B-127
 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>Parks Planting Inc.</u> Mailing Address: <u>Co Fischer Farms Services</u> <u>P.O. Box 926</u> <u>Aberdeen Ms. 39730</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input 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 SW 1/4 Sec 10 Twa 22N Rng 1W</u> Distance Direction Nearest Town <u>2 Miles N of Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____	Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>11-21-07</u> Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	

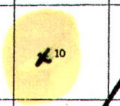
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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)

RECEIVED
 DEC 04 2007
 BY OLWR
 Signature of Pump Installer

Parks Planting Map

GW 42289



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2

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RECEIVED
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BY OLWA

SUNFLOWER COUNTY

T 21 N

T 20 N

19 N

To Ruleville

To Doddsville

To Grenada

MISSISSIPPI VALLEY STATE UNIVERSITY

ITTA BENA POP. 2,208

GREENWOOD POP. 18,425

SCHLATER POP. 388

