

County: Leflore
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-20-09

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)

For Office Use Only:
 Aquifer: _____
 Well #: B133
 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° 46' 57"</u> Longitude: <u>90° 20' 45"</u>	Mailing Address: <u>610 Fischer Farm Services</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 926</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>Aberdeen Ms. 39730</u>	<u>SW 1/4 SW 1/4 Sec 7 Twn 22N Rng 1W</u>
City <u>Aberdeen</u> State <u>Ms.</u> Zip Code <u>39730</u>	Distance <u>4</u> Miles Direction <u>NW</u> of <u>Minter City</u>	Telephone No. <u>662-369-9531</u>	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>7-20-09</u>		Date well drilling completed: <u>7-20-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>7-21-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>122</u>	Well depth: <u>122</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>82</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>83</u> feet to <u>122</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> 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. John P. Chism 0439		<u>John P. Chism</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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B133

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Clay	0	29
Fine Sand	30	49
Fine Sand + Gravel	50	56
Medium Sand + Gravel	57	122

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: Parks Planting

[Signature]
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: Leflore
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 7-20-09

For Office Use Only:

Aquifer: _____
 Well #: P-133
 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.

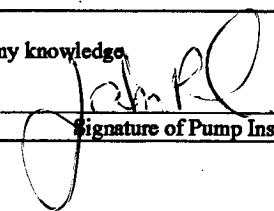
Well Owner Information	Well Location
Owner Name: <u>Parks Planting Inc.</u> Mailing Address: <u>Co Fischer Farm Services</u> <u>P.O. Box 926</u> <u>Aberdeen Ms. 39730</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>33°46'57"</u> Longitude: <u>90°20'45"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 7 Twn 22N Rng 1 W</u> Distance Direction Nearest Town <u>4 Miles NW of Minter City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill 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>7-21-09</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	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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 BY: OLWR

Parks Planting Inc.

R 2 W

R 1 W

TALLAHATCHIE COUNTY

P. 1137

SUNFLOWER COUNTY

T 22 N

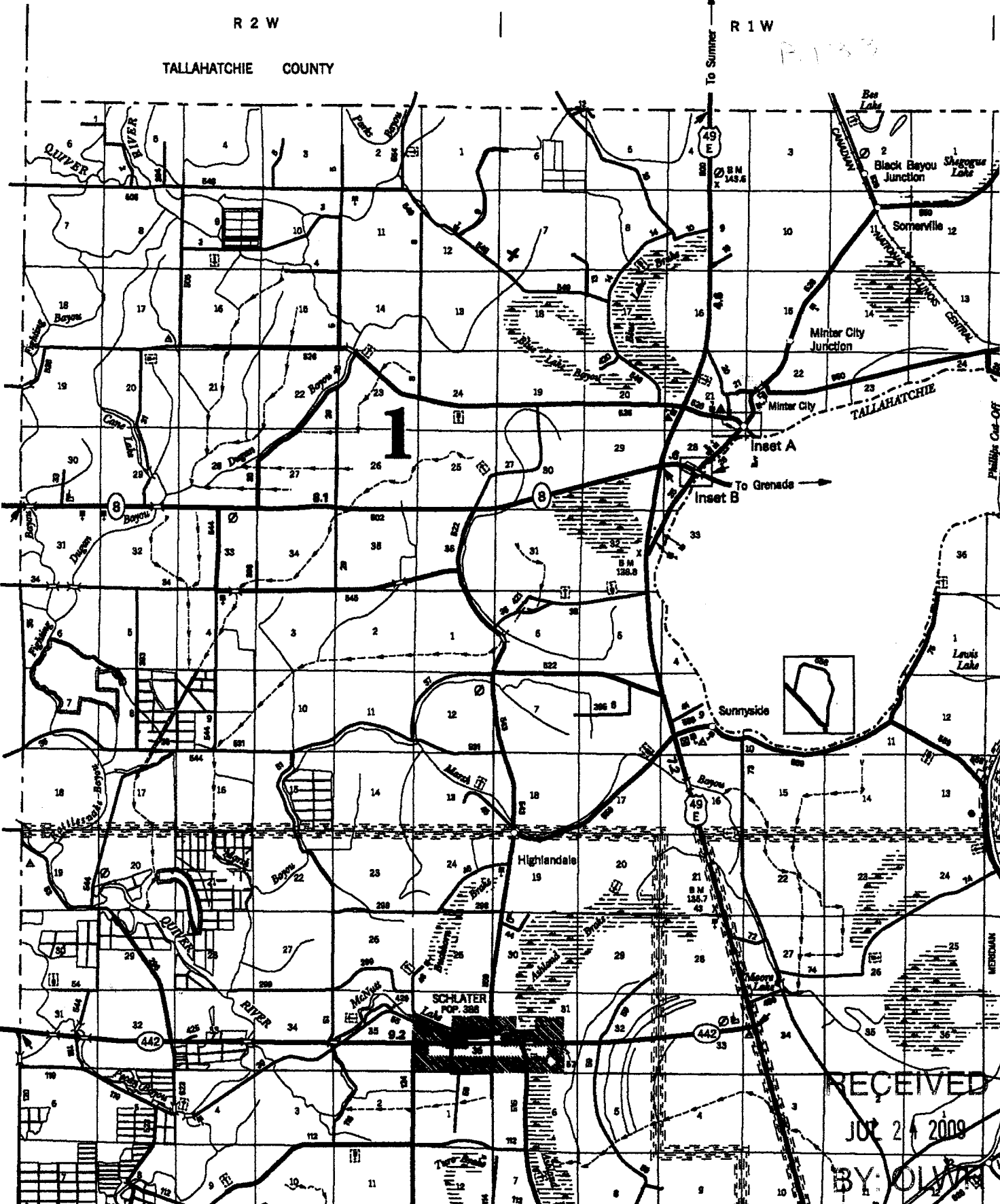
T 21 N

To Ruleville

To Dodsaville

To Sumner

To Grenade



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