

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 #: 41135
 Irrigation Equipment
 Driller:
 Date drilling completed: 6-7-06

For Office Use Only:
 Aquifer:
 Well #: C-143
 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>Eagle Break Planting Co</u> <u>HAROLD L COLEMAN JR</u> Mailing Address: <u>Box 255</u> <u>Schlater MS 38952</u> City State Zip Code <u>662-658-4489</u> Telephone No. ()	Latitude: <u>33 39 14.6</u> Longitude: <u>90 26 07.2</u> <u>15 07</u> Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 30 Twn 21N Rng 2W</u> Distance Direction Nearest Town <u>6 Miles West of Schlater</u>

Well Data

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

Date well drilling started: 6-7-06 Date well drilling completed: 6-7-06

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

Static Water Level: 50' feet above or below (circle one) land surface Date measured: 6-8-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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. Patrick M Chism
 Signature of Water Well Contractor

RECEIVED

JUN 22 2006

YMD JOINT WATER
 MANAGEMENT DISTRICT

41135

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 #: C-143
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 6W 41138
Irrigation Equipment
Driller: _____
Date drilling completed: 6-7-06

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>Eagle Break Planting Co.</u>	Latitude: <u>33 39 14.6</u> Longitude: <u>90 26 07.2</u>
Mailing Address: <u>Box 255</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Schlater MS 38952</u>	<u>SE</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>30</u> Twn <u>21N</u> Rng <u>2W</u>
Telephone No. () _____	Distance: <u>6</u> Miles Direction: <u>West</u> of Nearest Town: <u>Schlater</u>

Well Data

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Date well drilling started: 6-7-06 Date well drilling completed: 6-7-06

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Screen slot size: .050 inches Setting depth: From 81 feet to 120 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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JUN 25 2006
BY: OLWR

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 #: GW 41138
 Irrigation Equipment
 Driller: _____
 Date completed: 6-7-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-143
 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>Eagle Break Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 255</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlater MS 38952</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE ¼ SE ¼ Sec 30 T 21N R 2W</u>
Telephone No. () <u>662-658-4489</u>	Distance Direction Nearest Town
	<u>6 Miles West of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-8-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1600</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="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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	

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) Patrick M Chism
Signature of Pump Installer

Form OLW-1B
RECEIVED
 JUN 26 2006
 BY: OLW/E