

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)

For Office Use Only:

Aquifer:
Well #: 2153
L.S. Elevation:
E-log #:

County: Leflore
Permit #:
Driller: Irrigation Equipment
Date drilling completed: 10-9-07

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: Owner Name: Buckhorn Planting Co., Mailing Address: P.O. Box 211, Schlater Ms. 38952, Telephone No.
Well Location: Latitude: 33.35203, Longitude: 90.25515, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4 Sec 27, Twn 21N, Rng 2W, Distance: 2 miles NW of Schlater

Well Data: Purpose of Well: Irrigation, Date well drilling started: 10-9-07, Date well drilling completed: 10-9-07, Static Water Level: NOV 13 2007, Method of Measurement: steel tape, Hole depth: 127, Well depth: 127, Type of grout: Bentonite, Casing length: 87 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 88 feet to 127 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: feet, Logs run: No log run

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

112727

RECEIVED
YMD JOINT WATER MANAGEMENT DISTRICT
Case 04171

**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 #: 6642232
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-9-07

For Office Use Only:

Aquifer: _____
 Well #: C-153
 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>Buckhorn Planting Co.</u>	Latitude: <u>33.35203</u> Longitude: <u>90.25515</u>
Mailing Address: <u>P.O. Box 211</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 27</u> <u>Twn 21N</u> <u>Rng 2W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Schlater</u>

Well Data

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

Date well drilling started: 10-9-07 Date well drilling completed: 10-9-07

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

Static Water Level: _____ feet above of below (circle one) land surface Date measured: _____

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Benotonic Mix

Casing length: 87 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 88 feet to 127 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. Signature of Water Well Contractor

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 BY OLWR

61042232

C-153

If well telescopes please sketch below and show depths.

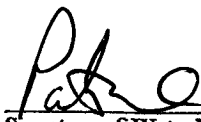
Ground Level

Description of Formations Encountered	From	To
Clay	0	44
Course Sand	45	47
Course Sand + Peg Gravel	48	100
Sand stone	101	103
Course Sand + Peg Gravel	104	127

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: Buckhorn Planting Co.



Signature of Water Well Contractor

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 BY: OLWF

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)

For Office Use Only:

Agency: _____

Well #: C-153

Elevation: _____

County: Leflore
Permit #: 06042732
Irrigation Equipment
Driller: _____
Date completed: 10-9-07

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>Buckhorn Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 211</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec. <u>27</u> Twn <u>21N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>NW</u> of <u>Schlater</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"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <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: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</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	RECEIVED
Duration of Pump Test (minimum 4 hours): _____ hours	NOV 05 2007

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

Patrick M. Chism 0695 BY: OLWR

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

C-153

2042730

SUNFLOWER COUNTY

T 22 N

T 21 N

T 20 N

T 19 N

Buckhorn Plantation

1

3

4

Inset A
Inset B

Inset C
Inset D

SCHLATER
POP. 388

ITTA BENA
POP. 2,208

GREENWOOD
POP. 18,425

RECEIVED
BY: OLWE

To Ruleville

To Doddsville

To Grenada

TALLA

Wildwood

Fort Loring

