

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-162
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 60043160
Driller: Irrigation Equipment
Date drilling completed: 4/25/09

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: _____ Longitude: _____
Mailing Address: <u>Box 255</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>NW 1/4 NW 1/4</u> Sec <u>31</u> Twn <u>21N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-299-8539</u>	<u>5</u> Miles <u>W</u> of <u>Schlater</u>

Well Data Old Well 16" steel 15' West

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

Date well drilling started: 4/25/09 Date well drilling completed: 4/25/09

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 4/27/09

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 Bentonite Mix

Casing length: 90 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____

John P. Chism
Signature of Water Well Contractor

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if well telescopes please sketch below and show depths.

C-162

Ground Level

664-3160

Description of Formations Encountered	From	To
Clay	0	24
Fine Sand	25	38
Fine Sand + Gravel	39	56
Medium Sand + Gravel	57	104
Fine Sand	105	108
Medium Sand + Gravel	109	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: Eagle Break Planting Co.

John P. Chinn
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 #: OW43160
Irrigation Equipment
 Driller: _____
 Date completed: 4/25/09

For Office Use Only:

Aquifer: _____
 Well #: C-162
 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.

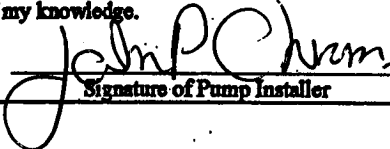
Well Owner Information	Well Location
Owner Name: <u>Eagle Break Planting Co.</u> Mailing Address: <u>Box 255</u> <u>Schlater Ms. 38952</u> <small>City State Zip Code</small> Telephone No.: <u>662-299-8539</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey,</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS.</u> <u>NW 1/4 NW 1/4 Sec 31 Twn 21N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles W of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4/27/09</u> Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" 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>80</u> feet Number of Stages: <u>2</u>

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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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)

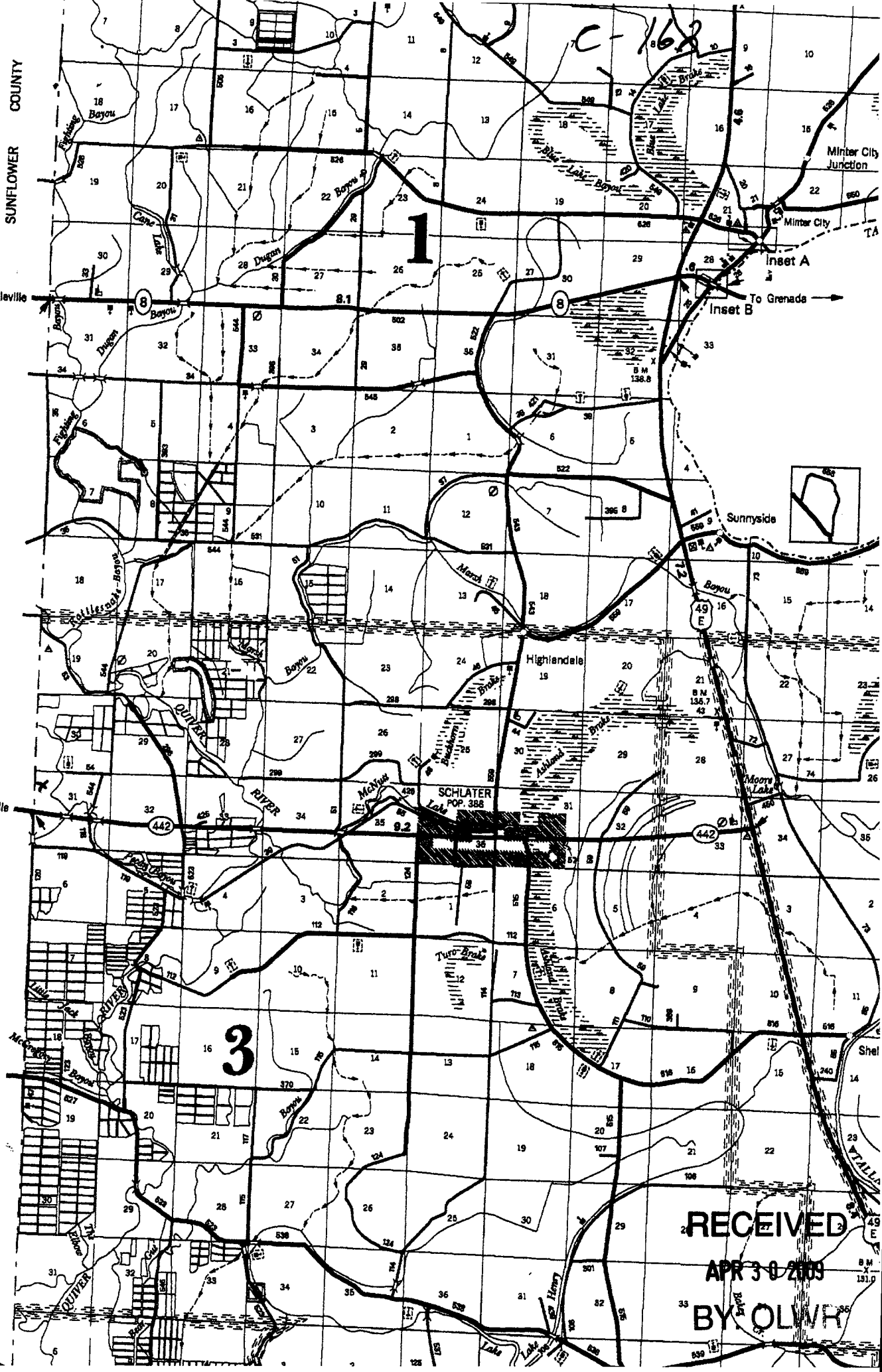

 Signature of Pump Installer

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Eagle Break Planting

6W43160

C-162



SUNFLOWER COUNTY

T 22 N

T 21 N

To Ruleville

To Doddsville

T 20 N

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