

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 # 6W 41445
Irrigation Equipment
Driller: _____
Date drilling completed: 12-5-06

For Office Use Only:
Aquifer: _____
Well #: F-178
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 Owner Name <u>Live Oaks Planting Co.</u> Mailing Address: <u>23939 County Road 523</u> <u>Schlater MS 38952</u> City State Zip Code <u>662-254-7322</u> Telephone No. () _____	Well Location Latitude: <u>33 38' 06.7</u> Longitude: <u>90 21' 10.8</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS <u>NE</u> 1/4 Sec <u>1</u> Twn <u>20N</u> Rng <u>2W</u> Distance <u>2</u> Miles Direction <u>South</u> of Nearest Town <u>Schlater</u>
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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-5-06 Date well drilling completed: 12-5-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 38' feet above or below (circle one) land surface Date measured: 12-7-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 84 feet to 123 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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BY: OLWR

F.

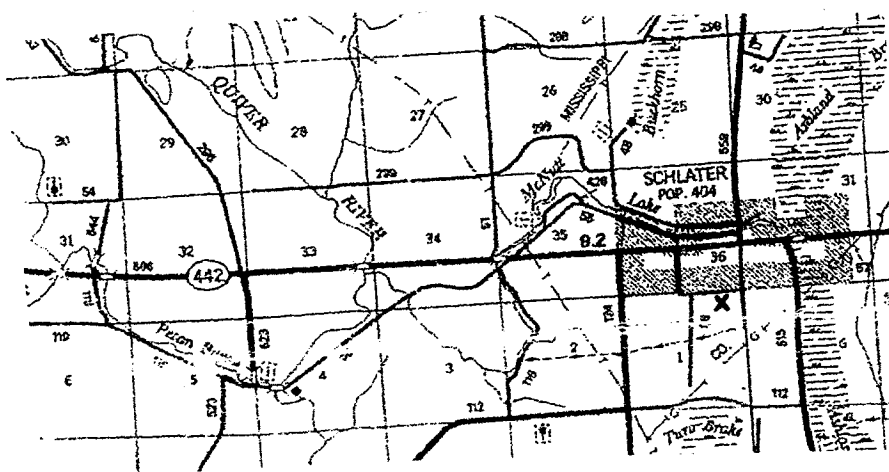
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	35
Fine Sand/gravel	36	55
Med. Sand/gravel	56	120
Clay	121	123

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: _____

Patrick M. Chini

 Signature of Water Well Contractor

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 # 6W41445
 Irrigation Equipment
 Driller: _____
 Date completed: 12-5-06

For Office Use Only:

Aquifer: _____
 Well #: F-128
 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>Live Oaks Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 1 Twn 20N Rng 2W
<u>662-254-7322</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>$\frac{1}{2}$ Miles South of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal 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: <u>12-7-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR