

County: Leflore  
 Permit # 60042655  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-19-08

### 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 #: K-134  
 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>Gold Dust Plantation</u>	Latitude: <u>33° 28' 47.0"</u> Longitude: <u>90° 19' 22.1"</u>
Mailing Address: <u>40 Joe Makamson</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>22</u>
<u>12201 County Rd 364</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon Ms. 38954</u>	<u>NE 1/4 SW 1/4 Sec 28 Twn 19N Rng 2E</u>
City State Zip Code	Distance Direction Nearest Town <u>1W</u>
Telephone No. ( ) _____	<u>1</u> Miles <u>SE</u> of <u>Itta Bena</u>

**Well Data**

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

Date well drilling started: 6-19-08 Date well drilling completed: 6-19-08

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 6-20-08

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

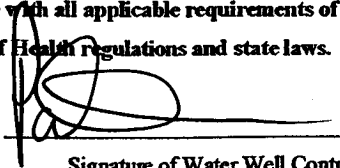
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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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K-134

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	39
Fine Sand + Gravel	30	40
Medium Sand + Gravel	41	95
Fine Sand	96	102
Medium Sand + Gravel	103	116
Screen 106-116		
Screen 67-95		

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: Gold Dust Plantation

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 #: 60042655  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-19-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-134  
 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>Gold Dust Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9/0 Joe Makamson</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>12201 County Rd 364</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Siden Ms. 38954</u>	<u>NE 1/4 SW 1/4 Sec 28 Twn 19N Rng 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>SE</u> of <u>Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6-20-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
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.

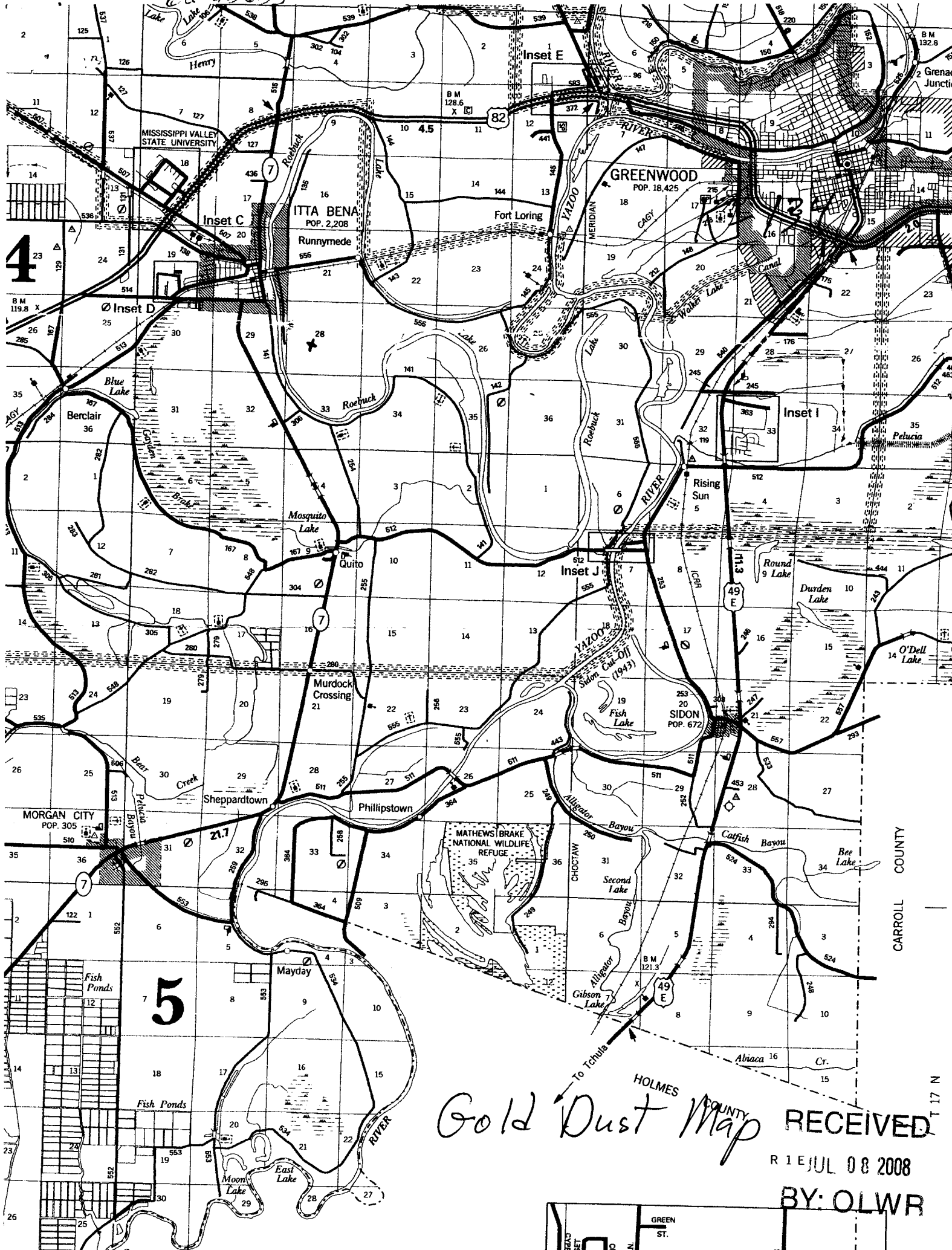
Patrick M. Chism      0695  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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Gold Dust Map RECEIVED  
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