

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 #: K-96
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: 6017211
Irrigation Equipment
Driller: _____
Date drilling completed: 10-6-07

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	Well Location
Owner Name: <u>Ellendale Farms</u>	Latitude: <u>34° 07' 39.2</u> Longitude: <u>90° 23' 31.1</u>
Mailing Address: <u>5060 Old Hwy 49 South</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale</u> <u>Ms.</u> <u>38614</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 18</u> <u>Twn 26N</u> <u>Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Mattson</u>

Well Data

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

Date well drilling started: 10-6-07 Date well drilling completed: 10-6-07

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 10-8-07

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

Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 97 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 98 feet to 137 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.

RECEIVED
Signature of Water Well Contractor: [Signature]
OCT 16 2007
BY: OLWR

K-96

GW42216

If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	50
Course Sand	51	82
Course Sand + Peg Gravel	83	100
Course Sand	101	107
Course Sand + Gravel	108	137

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: Ellendale Farms


 Signature of Water Well Contractor

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 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: Quitman
 Permit #: 67047216
 Irrigation Equipment
 Driller: _____
 Date completed: 10-6-07

For Office Use Only:

Aquifer: _____
 Well #: K-96
 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>Ellendale Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5060 Old Hwy 49 South</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Clarksdale Ms. 38614</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec. 18 Twn 26N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3 Miles NE of Mattson</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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: <u>10-8-07</u>	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: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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.

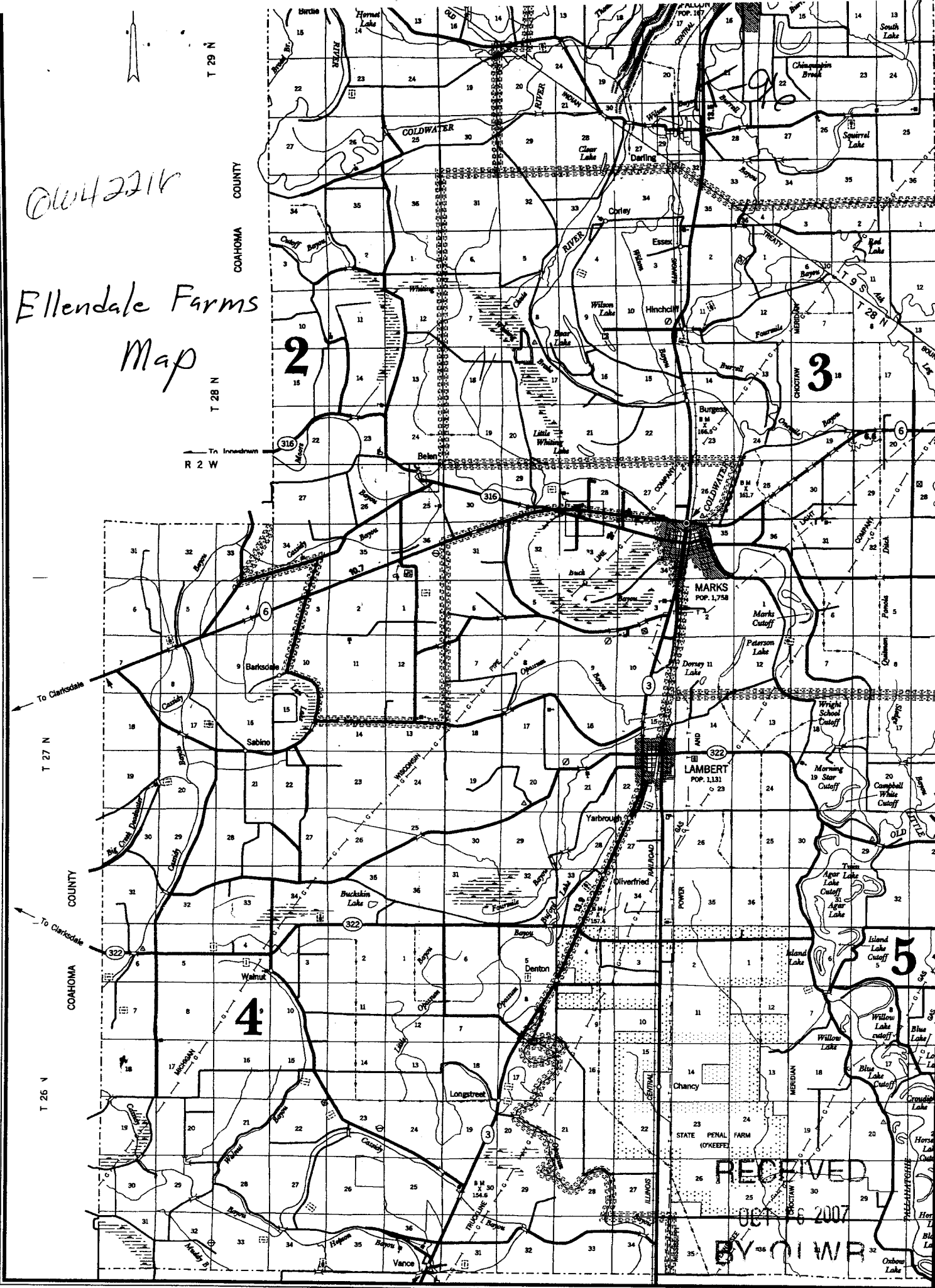
Patrick M. Chism 0695 **RECEIVED**
OCT 16 2007

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

BY: OLWR

0642216

Ellendale Farms Map



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