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27 APR 2011
BY OLWR

Quitman

County: Cadron
 Permit #: GW-45114
 Irrigation Equipment
 Date drilling completed: 2-18-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5226 (fax)

For Other Than Public:
 Aquifer: K123
 Well #: M-23
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Home Cypress Farms</u> Mailing Address: <u>46 Mattson Farms</u> <u>P.O. Box 69</u> <u>Dublin Ms. 38739</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>34-06-28.2</u> Longitude: <u>90-26-52.9</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad (Hand-held GPS) Survey-grade GPS NW x SW x Sec. <u>19</u> Twp. <u>26N</u> Rng. <u>3W</u> Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Clarksdale</u> <u>02W</u>
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Well / Borehole Data

Date drilling started: 2-18-11 Date drilling completed: 2-18-11 Hole depth: 126 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

If driller is not related to water well construction, circle the remainder of this block.

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: Replaces GW-04924

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

Static Water Level: 36 feet above below (circle one) land surface Date measured: 2-22-2011

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

Well depth: 126 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 feet

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

Other (describe): _____

Top of top pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

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 Case Information from Section Part I

STATE WELL REPORT
Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: K123
 Well #: M123
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Home Cypress Farms</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>clo matson Farms</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Box 69</u>	USGS quad _____, Hand-held GPS _____, Survey grade GPS _____		
<u>Dublin MS 38739</u>	<u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>19</u> T <u>26N</u> R <u>2W</u>		
City State Zip Code	Distance _____ Miles	Direction _____	Nearest Town _____
Telephone No. () _____			

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	Submersible	<u>Internal Engine</u>	Gasoline Engine	Natural Gas
Bucket	Fiston	<u> turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>30</u>		
Date Pump Installed: <u>2-22-2011</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute			Number of Stages: <u>2</u>		

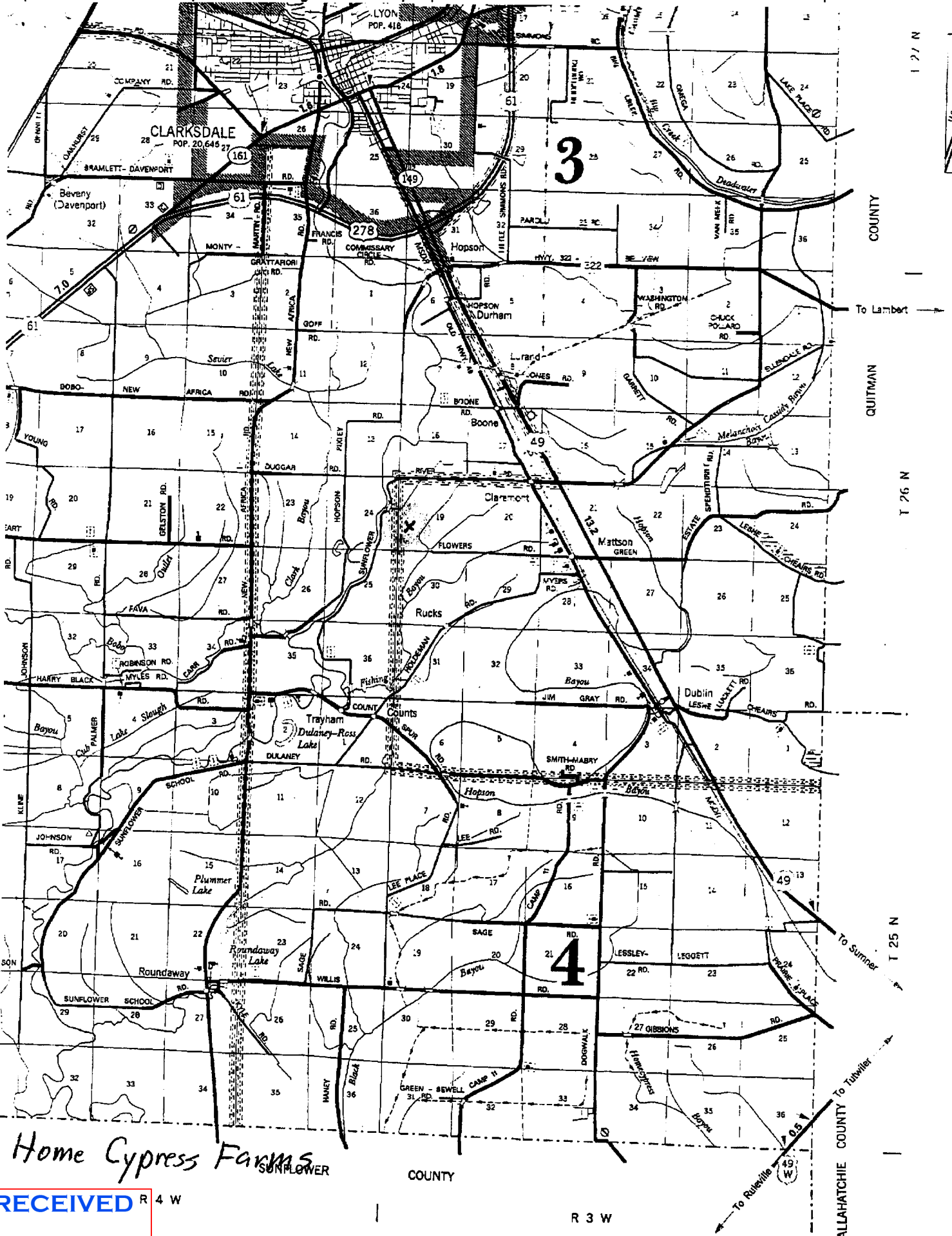
Pump Test Data		Method of Measuring Water Level	
Date Well Tested: _____		Circle one	
Static Water Level (A): _____	Foot Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____	Foot Below Land Surface	Steel Tape	
Drawdown [(B) - (A)]: _____	Foot Below Land Surface	Other (specify): _____	
Test Pumping Rate: _____	Gallons Per Minute	For flowing well, measured shut in head: _____ feet	
Duration of Pump Test (minimum 4 hours): _____	hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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]
 Signature of Pump Installer



Home Cypress Farms

SUNFLOWER COUNTY

COUNTY

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R 3 W

GENERAL LIQUIDATION MAP

T 25 N
T 26 N
T 27 N

To Ruleville
To Sumner
To Tubbier

QUITMAN COUNTY
T 26 N
T 25 N

