

County: Sharkey  
 Permit #: 6W42729  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 7-24-08

### 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 #: B-106  
 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>Howle Planting</u>	Latitude: <u>33° 03' 59.9"</u> Longitude: <u>90° 44' 28.0"</u>
Mailing Address: <u>137 Jefferson St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Anguilla</u> <u>Ms.</u> <u>38721</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 17 Twn 14N Rng 5W</u>
Telephone No. ( )	Distance Direction Nearest Town
	<u>3</u> Miles <u>E</u> of <u>Delta City</u>

**Well Data**

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

Date well drilling started: 7-24-08 Date well drilling completed: 7-24-08

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

Static Water Level: 25 feet above of below (circle one) land surface Date measured: 7-25-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 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 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 [Signature]

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 JUL 29 2008  
 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: Sharkey  
 Permit #: 6W42729  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-24-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-106  
 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.

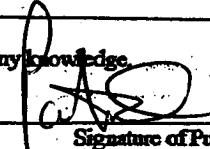
Well Owner Information	Well Location
Owner Name: <u>Howle Planting</u> Mailing Address: <u>137 Jefferson St.</u>  <u>Anguilla Ms. 38721</u> <small>City State Zip Code</small>  Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 17 Twn 14N Rng 5W</u> Distance Direction Nearest Town <u>3 Miles E of Delta City</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>7-25-08</u> Rated Pump Capacity: <u>550<sup>+</sup></u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>10</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</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      Electric Measuring Line      Steel Tape 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.

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

  
 Signature of Pump Installer

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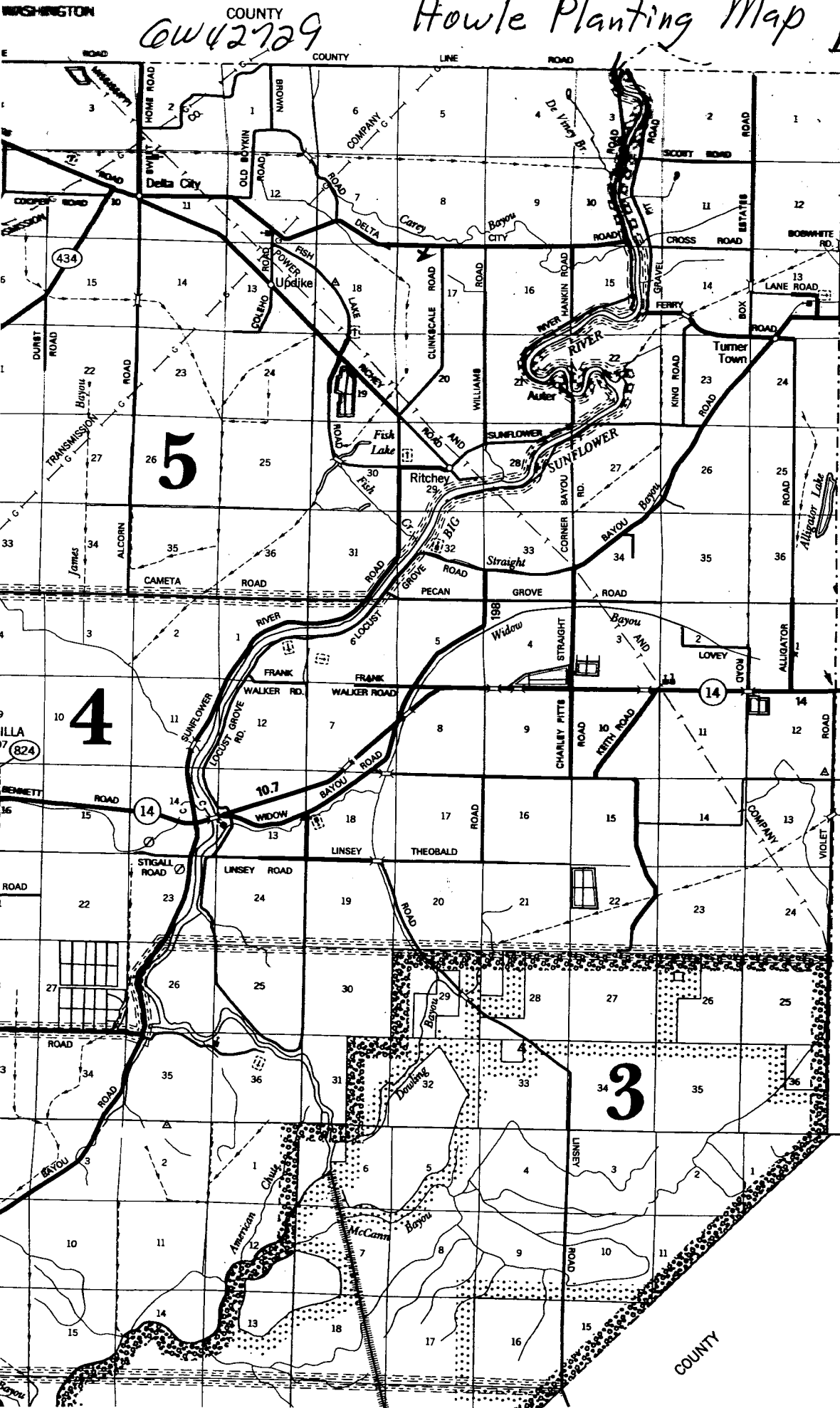
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 BY: OLWR

R 6 W

R 5 W

6W42729

# Howle Planting Map B-106



- ROADS A**
- UNIMPROVED ROAD
  - GRAVEL
  - PAVED ROAD
  - UNDIVIDED HIGHWAY
  - DIVIDED HIGHWAY
  - INTERSTATE SYSTEM
  - CITY STREETS
- H**
- BRIDGE 50 FEET A
  - DRAWBRIDGE
  - FERRY (FREE OR T
  - HIGHWAY GRADE S
  - HIGHWAY INTERCH
- ROAD**
- INTERSTATE NUMB
  - U.S. NUMBERED
  - STATE NUMBERED
- RAILROAD STATION**
- GRADE CROSSING
  - RAILROAD ABOVE
  - RAILROAD BELOW
- MILITARY AIRPORT**
- AIRPORT, LIMITED
  - LANDING AREA OR
  - (INCLUDING P
  - AIRPORT, COMPLETE
  - AIRWAY LIGHT BEA
- DRAINAGE**
- NARROW STREAM
  - DRAINAGE DITCH
  - LAKES AND RESER
  - OVERFLOW LAND
  - MARSH OR SWAMI
- STATE BOUNDARY**
- COUNTY BOUNDAR
  - BEAT LINE
  - CONGRESSIONAL TC
  - SECTION LINE
  - NATIONAL OR STAT
  - RESERVATION, PARK
  - URBAN AREA COM
  - INCORPORATED PL
  - UNINCORPORATED

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