

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 #: F-37
L. S. Elevation:
E-log #:

County: Sharkey
Femil #: 6W41915
Irrigation Equipment
Driller:
Date drilling completed: 6-11-07

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: Lynndale Partners, P.O. Box 337, Rolling Fork Ms. 39159
Well Location: Latitude 32°54'53.7", Longitude 90°47'14.9", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE SW SE NW 1/4 Sec 2, Twn 12N Rng 6W, Distance 5 Miles, Direction E, Nearest Town Rolling Fork

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started: 6-11-07 Date well drilling completed: 6-11-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 25 feet above of below (circle one) land surface Date measured: 6-12-07
Method of Measurement (circle one) steel tape electric tape air line other
Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 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 See Back split 65-85 and 100-120 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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JUN 29 2007

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)

For Office Use Only:

Aquifer: _____

Well #: F-37

Elevation: _____

County: Sharkey
Permit #: 6W41915
Driller: _____
Date completed: 6-11-07

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>Lynndale Partners</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 337</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rolling Fork Ms. 39159</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 2 Twn 12N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 Miles E of Rolling Fork</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 <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>6-12-07</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: _____	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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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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JUN 29 2007

BY: OLWR