

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-38
L. S. Elevation:
E-log #:

County: Sharkey
Femil #: 6W41921
Irrigation Equipment
Driller:
Date drilling completed: 6-15-07

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 Planting Co., Box 337, Rolling Fork Ms. 39159
Well Location: Latitude: 32.54.16.1, Longitude: 90.47.53.4, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 10, Twn 12N, Rng 6W, 5 Miles E of Rolling Fork

Well Data: Purpose of Well: Irrigation, Date well drilling started: 6-15-07, Date well drilling completed: 6-15-07, Static Water Level: 33 feet above or below land surface, Date measured: 6-17-07, Method of Measurement: steel tape, Hole depth: 125, Well depth: 125, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 85 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 86 feet to 125 feet, Type of completion: Gravel packed

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)

County: Sharkey
 Permit #: QW41921
 Driller: _____
 Date completed: 6-15-07

For Office Use Only:

Aquifer: _____
 Well #: F-38
 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.

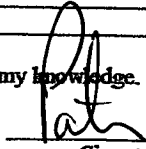
Well Owner Information	Well Location
Owner Name: <u>Lynndale Planting Co.</u> Mailing Address: <u>Box 337</u> <u>Rolling Fork Ms. 39159</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 10 Twn 12N Rng 6W</u> Distance Direction Nearest Town <u>5 Miles E of Rolling Fork</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-17-07</u> Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</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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JUN 29 2007

BY: OLWR