

# 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-39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Shankley  
Permit #: QW 41920  
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	Well Location
Owner Name: <u>Lynndale Planting Co.</u>	Latitude: <u>32° 54' 29.4"</u> Longitude: <u>90° 47' 39.5"</u>
Mailing Address: <u>Box 337</u>	Method of Lat/Long (circle one): <u>29</u> Conventional Survey, <u>39</u>
<u>Rolling Fork Ms. 39159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Rolling Fork</u> State: <u>MS</u> Zip Code: <u>39159</u>	<del>NW 1/4 NW 1/4</del> Sec <u>11</u> Twn <u>12N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance: <u>5</u> Miles Direction: <u>E</u> of Nearest Town: <u>Rolling Fork</u>

**Well Data**

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

Date well drilling started: 6-15-07 Date well drilling completed: 6-15-07

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 6-17-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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

*Patrick M. Chism*  
Signature of Water Well Contractor

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JUN 29 2007

Print Name of Water Well Contractor and License No.

BY: OLWR

GW41920

F-39

If well telescopes please sketch below and show depths.

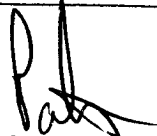
Ground Level

Description of Formations Encountered	From	To
Clay	0	29
Fine Sandy	30	39
Fine Sand + Gravel	40	55
Medium Sand + Gravel	56	127

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: Lynndale Planting Co.

  
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: Sharkey  
 Permit #: OW 41920  
 Driller: \_\_\_\_\_  
 Date completed: 6-15-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-39  
 Elevation: \_\_\_\_\_

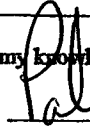
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

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>NW 1/4 NW 1/4 Sec 11 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

**RECEIVED**  
 JUN 29 2007  
**BY: OLWR**