

# 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)

County: Sunflower  
Permit #: 2042197  
Irrigation Equipment  
Driller:  
Date drilling completed: 7-30-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-54  
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>Creation Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 926</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>Aberdeen Ms. 39730</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 2 Twn 24N Rng 4W</u>
Telephone No. <u>662-369-9531</u>	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Rome</u>

**Well Data**

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

Date well drilling started: 7-30-08 Date well drilling completed: 7-30-08

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

Static Water Level: 44 feet above  below (circle one) land surface Date measured: 8-4-08

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 83 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 \_\_\_\_\_ 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor [Signature]

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EW 42797

A. 59

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	34
Fine Sand + Gravel	35	44
Medium Sand + Gravel	45	123

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: Creation Plantation

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: Sunflower  
 Permit #: 6642797  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-30-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-59  
 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>Creation Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 926</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen Ms. 39730</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 2 Twn 24N Rng 4W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5 Miles W of Rome</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-4-08</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 Electric Measuring Line Steel Tape
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.

John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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6642797

650 000 m

660 000 m

90° 55'

90° 50'

2

# Creation Plantation Map.

A-54

670 000 m

680 000 m

90° 40'

90° 35'

90° 30'

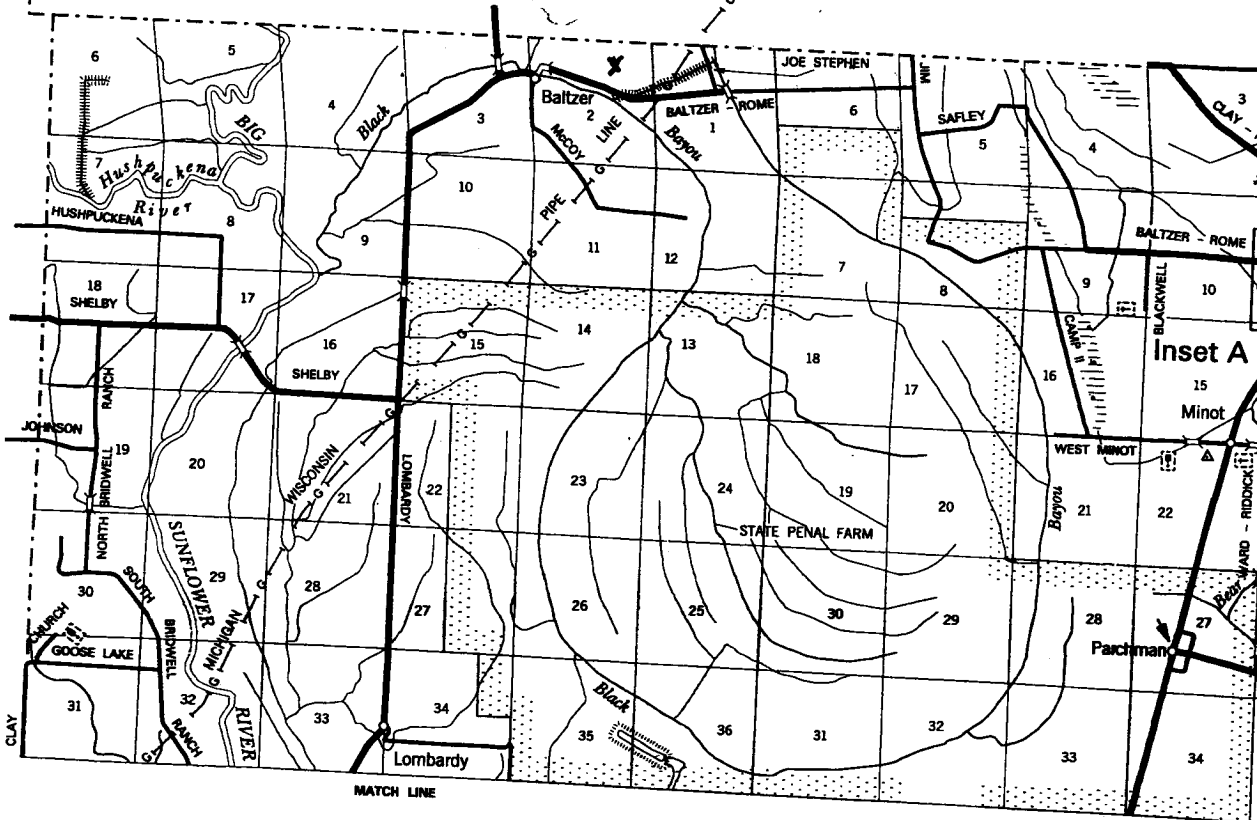
R 4 W

R 3 W

COAHOMA

COUNTY

T 24 N  
BOLIVAR COUNTY



Inset A

490 000 m

R 4 W

R 3 W

90° 40'

90° 35'

670 000 m

680 000 m

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EAST AUSTIN E5  
EAST BLACKBELT E5  
EAST CALE G4  
EAST DELTA EXT. E5  
EAST GARVINS E4  
EAST GRESHAW E4  
EAST MCINTYRE B5  
EAST MINOT A3  
EAST NOBLE E5  
EAST PAXTON G4  
EAST OLIVER B5,C5  
EASTLAND C5  
FAIRVIEW E3  
FAIRBORN PLANTION E4  
FARISH C5  
FEEDLOT A4  
FENCE E4  
FERGUSON ST. B2  
FITTS E5  
FITZBUGH A5  
FRACKERY D5  
FLORA'S LN. E4  
FLOYD SMITH F3  
FORD E4  
FOUR MILE G4  
FREEDOM FARM A5,B5  
FREEMAN D4  
FRENCH E4  
G. W. MANNING A5  
GENE LESTER G3  
GIBSON B2  
GIVENS C4  
GOLDFIELD A5  
GONNERS LAKE A5

LUSK C4  
LYON BRIDGE D3  
M.C. BRITTMAN A5  
MADDER D4  
MAHON B2  
MAJORI E3  
MALLETT - JONES C4  
MAMIE LEE F4  
MARKHAM B2,F5  
MARY ST. B2  
MAXWELL F5  
MCCARTY C5  
MCCORKLE C5  
MCCOY F5  
MCDANIELS A5  
MCINTYRE C5  
MITCHELL CA,D4  
MIXON - C4  
MOLL E4  
MOOREHEAD - BELZONI F5  
MOUND G4  
MOUND FISH POND G4  
MOUNTAIN GULLEE C5  
MULLIN E5  
MURKIN SHEPHERD E5  
MURPHY D5  
MYERS G4  
NASH E3  
NEEL ROBINSON A3  
NOEL C4  
NORTH AIRPORT B5  
NORTH BARNETT B5

SOUTH WADE E3  
SOUTHSIDE G4  
STAGGS C4  
STANSEL B5  
STEED - MIXON D4  
STELMAN D5  
STEPHEN - LYON D3  
STEWART E4  
STINSON E4,F4  
STRINGFELLOW B4  
SUNFLOWER - ITTA BENA E5  
SUNFLOWER E4  
SUNRISE B2  
SWANGO F3  
SWOOP E5  
TAYLOR C4  
TERRELL C5  
THOMP A4  
THOMAS GOODEN B4  
THOMPSON F4  
THREE MILE LAKE F5,G5  
TINDALL F3  
TOLER BIDDHAM C5  
TONNY BARD G4  
TRANSFERRY F5  
TRAMM B5  
TROTTER CA,D4  
TURNER B4  
TV STATION F5  
TWINER B5,C5  
VALLEY E5  
W. D. KIRK BLAINE D4

