

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 #: CU 42094
Irrigation Equipment
Driller:
Date drilling completed: 8-1-08

For Office Use Only:
Aquifer:
Well #: A-56
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): <u>Conventional Survey</u>
<u>Aberdeen Ms. 39730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 12 Twn 24N Rng 4W</u>
Telephone No. <u>662-369-9531</u>	Distance Direction Nearest Town
	<u>4 Miles W of Rome</u>

Well Data

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

Date well drilling started: 8-1-08 Date well drilling completed: 8-1-08

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

Static Water Level: 43 feet above (or below) (circle one) land surface Date measured: 8-4-08

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 see back 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 H. Christ~~ John P. Christ 0439
Print Name of Water Well Contractor and License No. _____
Signature of Water Well Contractor _____

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6042994

A. 56

If well telescopes please sketch below and show depths.

Ground Level

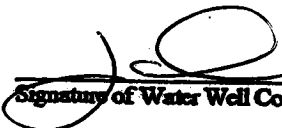
Description of Formations Encountered	From	To
Clay	0	29
Fine Sand	30	60
Fine Sand + Gravel	61	65
Medium Sand + Gravel	66	93
Fine Sand + Gravel	94	98
Medium Sand + Gravel	99	127
Screen : 0.50		
(81-90) 10'		
(98-127) 30'		

-Blanket
7'

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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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 #: A-56

Elevation: _____

County: Sunflower
 Permit #: 20042994
 Irrigation Equipment
 Diller: _____
 Date completed: 8-1-08

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): <u>Conventional Survey</u>
<u>Aberdeen Ms. 39730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 12 Twn 24N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles W of Rome</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	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 Sted 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.

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

[Signature]
 Signature of Pump Installer

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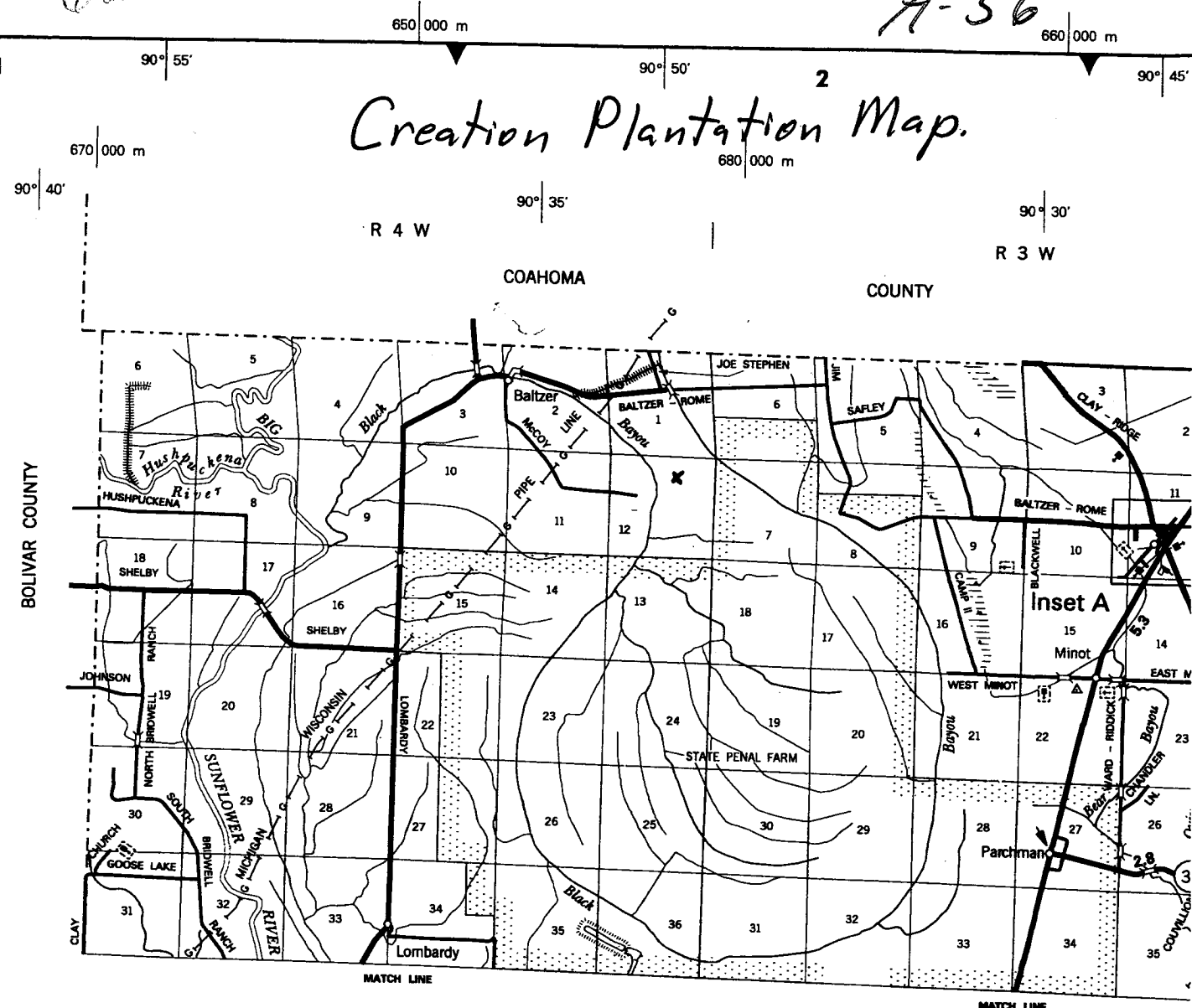
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WEST PLAZA CIR
1 ST. C3
VE. B3
C3/C4
A AVE. B3
LN. A7
B2
DR. A3
AVE. B3
AVE. C3
B4
R. C3
1. C3
RD. C3
LT ST. C3
B4
KOD CIR. B4
THUR CIR. A3
DR. B2
WEST PLAZA CIR
R CIR. C3
R. D3
AVE. C3
ST. B3/B4
1 DR. B4
VE. B2
R. C3/D3
ST. B4
C3
ST. C3
VE. B4
ALL DR. A3
ST. B3
VER AVE. B3
DR. B2
DR. A3
VE. C3
DR. C3
AVE. B3
RD. A3
ST. B3
STA ST. B3
ST. A3/B3
KOD CIR. B3
Y ST. B3
L RD. A3
ST. C3
R AVE. B2
E AVE. B2/B3
Y ST. C4
GTON DR. C3
S RD. D3
S AVE. C3
DR. B4
A PKWAY B4

6642794

A-56

Creation Plantation Map.



Inset A

R 4 W
90° 40'
670 000 m
90° 35'
680 000 m
R 3 W
90° 30'
680 000 m

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- | | | |
|----------------------|------------------------|--------------------------|
| EAST AUSTIN E5 | LUSK C4 | SOUTH WADE E3 |
| EAST BLACKBELT E5 | LYON BRIDGE D3 | SOUTHSIDE G4 |
| EAST CALE G4 | MCGRITTMAN A5 | STAGGS C4 |
| EAST DELTA EXT. E5 | MADDEN D4 | STANSEL B5 |
| EAST GARVINS E4 | MAIR B2 | STEED - MIXON D4 |
| EAST GRESHAW E5 | MAJOR E3 | STELLMAN D5 |
| EAST MONTYRE B4 | MALLET - JONES C4 | STEPHEN - LYON D3 |
| EAST MINOT A3 | MAMIE LEE F4 | STEWART E4 |
| EAST NOBILE E5 | MARKHAM B2,F5 | STRINSON E4,F4 |
| EAST PAXTON G4 | MARY ST. B2 | STRINGFELLOW B4 |
| EAST OLIVER B5,C5 | MAXWELL F5 | SUNFLOWER - ITTA BENA E5 |
| EASTLAND C5 | MCCARTY C5 | SUNFLOWER E4 |
| FAIRVIEW E3 | MCCORKLE C5 | SUNRISE B2 |
| FASIONIA PLANTION E4 | MCCOY F5 | SWANGO F3 |
| FARISH C4 | MCDANIELS A5 | SWOOP E4 |
| FEEDLOT A4 | MONTYRE C5 | TAYLOR C4 |
| FENCE E4 | MITCHELL C4,D4 | TERRELL C5 |
| FERGUSON ST. B2 | MUNSON C4 | THOMPSON A4 |
| STITS E5 | MOLL E4 | THOMAS GOODEN B4 |
| FITZLUIGH A5 | MOOREHEAD - BELZONI F5 | THOMPSON F4 |
| FISACRELY D6 | MOUND G4 | THREE MILE LAKE F5,G5 |
| FLORA'S LIL E4 | | |

