

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 #: 6642796
Irrigation Equipment
Driller: _____
Date drilling completed: 8-4-08

For Office Use Only:
Aquifer: _____
Well #: A-57
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: _____ ° _____ ' _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 926</u>	<u>SW 1/4 SE 1/4 Sec 12 Twn 24N Rng 4W</u>		
<u>Aberdeen Ms. 39730</u>	Distance: <u>4</u> Miles	Direction: <u>W</u>	Nearest Town: <u>Rome</u>
City: _____ State: _____ Zip Code: _____	Telephone No. <u>662-369-9531</u>		
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>8-4-08</u>		Date well drilling completed: <u>8-4-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>39</u> feet above (or below) (circle one) land surface		Date measured: <u>8-5-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>127</u>		Well depth: <u>127</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>87</u> feet		Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet		Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches		Setting depth: From <u>88</u> feet to <u>127</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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	

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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)

County: Sunflower
 Permit #: 6W42796
 Irrigation Equipment
 Driller:
 Date completed: 8-4-08

For Office Use Only:

Aquifer: _____
 Well #: A-57
 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> Mailing Address: <u>P.O. Box 926</u> <u>Aberdeen Ms. 39730</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>SW 1/4 SE 1/4 Sec 12 Twn 24N Rng 4W</u> Distance Direction Nearest Town <u>4 Miles W of Rome</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): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>8-5-08</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	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: _____	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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

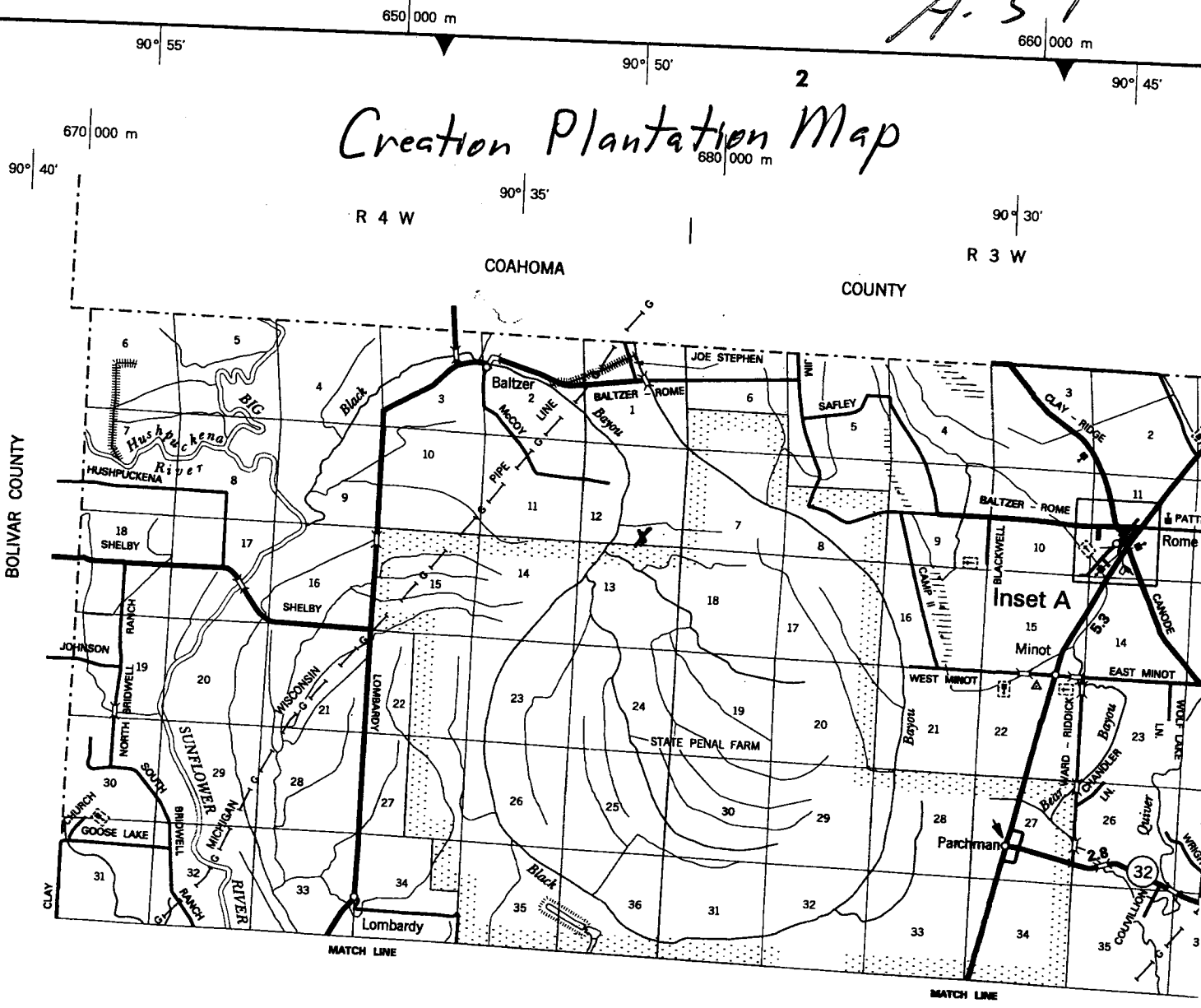
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AN DR. B2
 TH WEST PLAZA CR
 KER ST. C3
 AVE. B3
 T. C3,C4
 OMA AVE. B3
 RD LN. A7
 DR. B2
 IA DR. A3
 N AVE. B3
 NG AVE. C3
 JR. B4
 R DR. C3
 CR. C3
 TS RD. C3
 VLT ST. C3
 DR. B4
 WOOD CR. B4
 ARTHUR CR. A3
 N DR. B2
 TH WEST PLAZA CR
 KER CR. C3
 DR. D3
 D AVE. C3
 D ST. B3,B4
 UR DR. B4
 AVE. B2
 DR. C3,D3
 T. C3
 ST. C3
 AVE. B4
 WALL DR. A3
 ST. B3
 WER AVE. B3
 DR. B2
 E DR. A3
 AVE. C3
 DR. C3
 AVE. B3
 RD. A3
 ST. B3
 STA ST. B3
 ST. A3,B3
 OD CR. B3
 Y ST. B3
 L RD. A3
 ST. C3

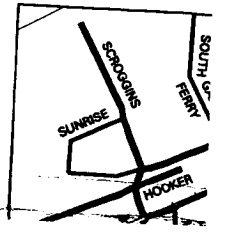
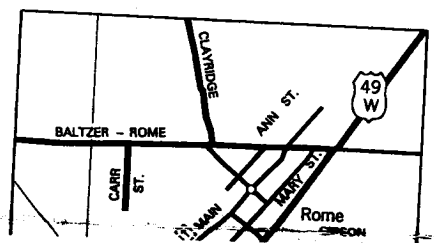
6642796

A. 57

Creation Plantation Map



Inset A



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- | | | |
|----------------------|-------------------|--------------------------|
| EAST AUSTIN E5 | LUSK C4 | SOUTH WADE E3 |
| EAST BLACKBELT E5 | LYON BRIDGE D3 | SOUTHSIDE G4 |
| EAST CALE G4 | M.C. GRITTMAN A5 | STAGGS C4 |
| EAST DELTA EXT. E5 | MADDEN D4 | STANSEL B5 |
| EAST GARVINS E4 | MAH B2 | STEED - MIXON D4 |
| EAST GRESHAW E5 | MAJOR E3 | STEELMAN D5 |
| EAST McINTYRE B4 | MALLET - JONES C4 | STEPHEN - LYON D3 |
| EAST MINOT A3 | NAMIE LEE F4 | STEWART E4 |
| EAST NOBLE E5 | MARKHAM B2,F5 | STINSON E4,F4 |
| EAST PAXTON G4 | MARY ST. B2 | STRINGFELLOW B4 |
| EAST OLIVER B6,C5 | MAXWELL F5 | SUNFLOWER - ITTA BENA E5 |
| EASTLAND C5 | McCARTY C5 | SUNFLOWER E4 |
| FAIRVIEW E3 | MCCORKLE C5 | SUNRISE B2 |
| FAIRMONT PLANTION E4 | McCOY F5 | SWANGO F3 |
| FAIRSH C5 | McDANIELS C5 | SWOOP E5 |
| FEEDLOT A4 | McINTYRE C5 | TAYLOR C4 |
| FENCE E4 | MITCHELL C4,D4 | TERRELL C5 |
| FERGUSON ST. B2 | MIXON C4 | THAMP A4 |
| FITTS E5 | MOLL E4 | THOMAS GOODIN B4 |
| FITZLAUGH A5 | | |