

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 #: 0042792
Irrigation Equipment
Driller: _____
Date drilling completed: 8-4-08

For Office Use Only:

Aquifer: _____
Well #: A-58
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> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen Ms. 39730</u> City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>12</u> Twn <u>24N</u> Rng <u>4W</u>
Telephone No. <u>662-369-9531</u>	Distance <u>4</u> Miles Direction <u>W</u> of Nearest Town <u>Rome</u>

Well Data

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

Date well drilling started: 8-4-08 Date well drilling completed: 8-4-08

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 8-5-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 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 _____

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If well telescopes please sketch below and show depths.

Ground Level

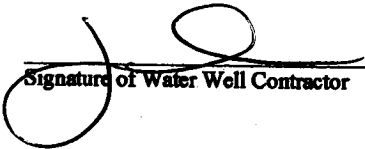
GW42792

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand + Gravel	28	38
Fine Sand	39	52
Fine Sand + Gravel	53	66
Medium Sand + Gravel	67	126

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)

County: Sunflower
 Permit #: 604279
 Irrigation Equipment
 Driller: _____
 Date completed: 8-4-08

For Office Use Only:

Aquifer: _____
 Well #: A-58
 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>SE</u> ¼ <u>NW</u> ¼ Sec <u>12</u> Twn <u>24N</u> Rng <u>4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>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>8-5-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Number of Stages: <u>1</u>

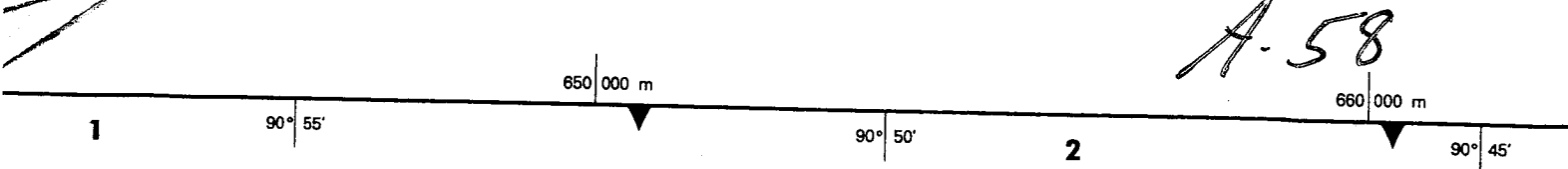
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ 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

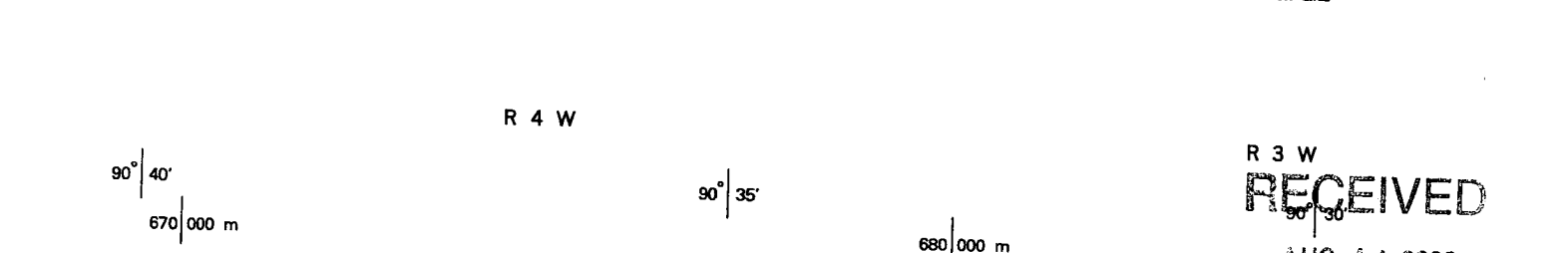
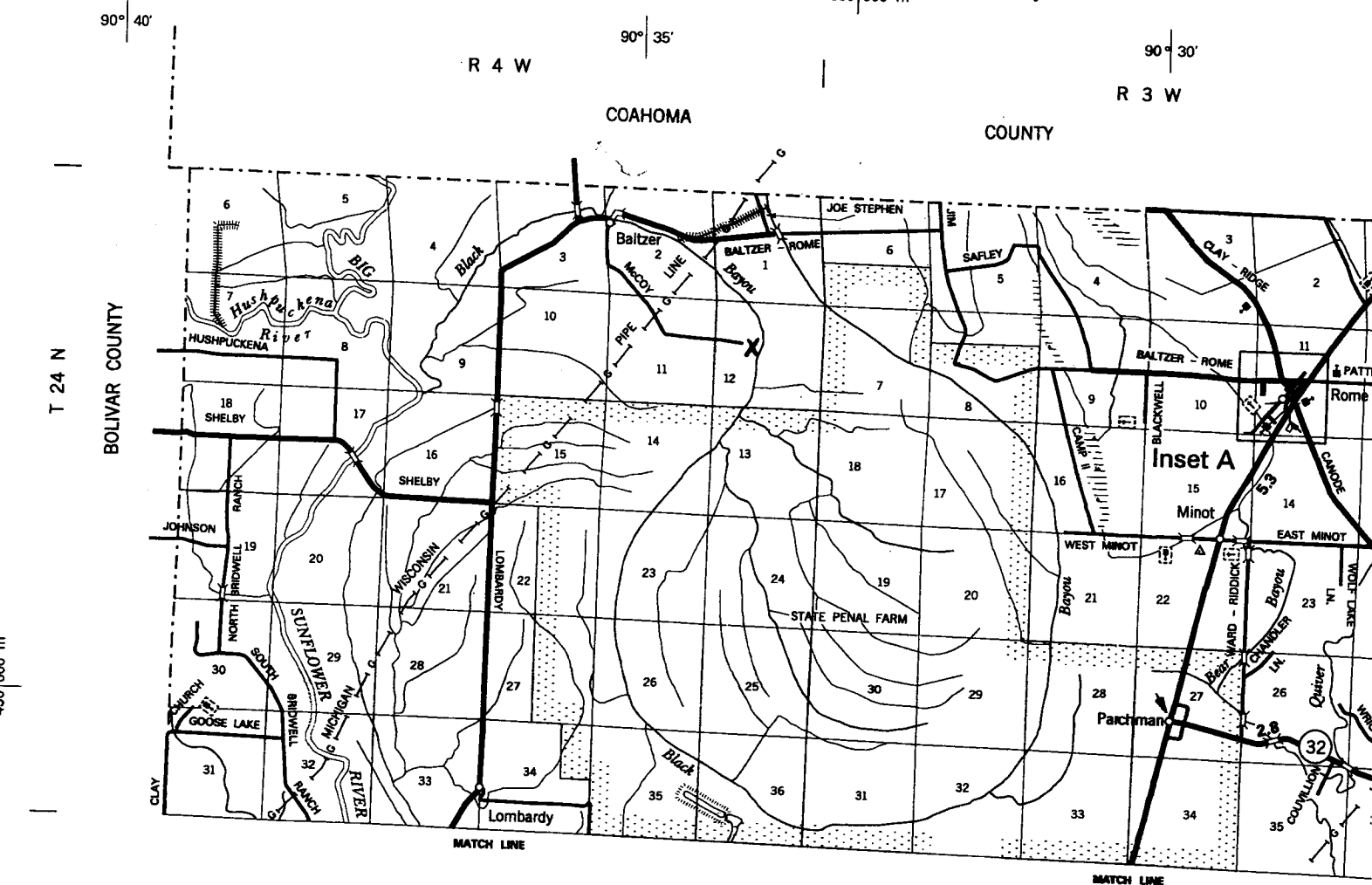
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(AVE. B3
 AN DR. B2
 TH WEST PLAZA CIR
 KER ST. C3
 AVE. B3
 T. C3,C4
 OMA AVE. B3
 RD LN. A7
 DR. B2
 A DR. A3
 N AVE. B3
 NG AVE. C3
 IN. B4
 R DR. C3
 TS RD. C3
 VLT ST. C3
 DR. B4
 WOOD CIR. B4
 ARTHUR CIR. A3
 AN DR. B2
 TH WEST PLAZA CIR
 KER CIR. C3
 DR. D3
 D AVE. C3
 D ST. B3,B4
 UR DR. B4
 AVE. B2
 DR. C3,D3
 E ST. B4
 ST. C3
 E ST. C3
 AVE. B4
 WALL DR. A3
 T ST. B3
 OMER AVE. B3
 CE DR. A3
 T DR. B2
 CE DR. A3
 AVE. C3
 DR. C3
 I AVE. B3
 / RD. A3
 A ST. B3
 JUSTA ST. B3
 I ST. A3,B3
 OOD CIR. B3
 Y ST. B3
 LL RD. A3
 R ST. C3
 IER AVE. B2
 IDE AVE. B2,B3
 Y ST. C4
 INOTON DR. C3
 NS RD. D3
 S AVE. C3
 R B4



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Creation Plantation Map.



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- | | | |
|----------------------|-------------------|--------------------------|
| EAST ALSTIN E5 | LUSK C4 | SOUTH WADE E3 |
| EAST BLACKBELT E5 | LYON BRIDGE D3 | SOUTHSIDE G4 |
| EAST CALE G4 | M.C. CRITTMAN A5 | STAGGS C4 |
| EAST DELTA EXT. E5 | MADDEN D4 | STANSEL B6 |
| EAST GARYNS E4 | MANN B2 | STEED - MIXON D4 |
| EAST GRESHAW E5 | MAJORI E3 | STEELMAN D6 |
| EAST MCINTYRE B4 | MALLET - JONES C4 | STEPHEN - LYON D3 |
| EAST MINOT A3 | MAMIE LEE F4 | STEPHARD E4 |
| EAST NOBLE E5 | MARSHAM B2,F5 | STINSON E4,F4 |
| EAST FAXTON 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 |
| FAISONIA PLANTION E4 | MCCOY F5 | SWANGO F3 |
| FAIRSH C5 | MEDANIELS A5 | SWOOPE B5 |
| FEEDLOT .A4 | MCINTYRE C5 | TAYLOR C4 |
| FENCE E4 | MITCHELL C4,D4 | TEARRELL C5 |
| FERGUSON ST. B2 | MIXON C4 | TRAMP A4 |
| FITTS E5 | MOLL E4 | THOMAS GOODIN B4 |
| FITZUGH A5 | | |

