

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A-59  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6042793  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-5-08

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 NW 1/4 Sec 12 Twp 24N Rng 4W</u>
Telephone No. ( <u>602-369-9531</u> )	Distance <u>5</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: 8-5-08 Date well drilling completed: 8-5-08

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

Static Water Level: 41 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: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 89 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 38 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 90 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.  
John P. Chism 0439

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

RECEIVED  
AUG 11 2008  
BY: OLWR

CW42793

A-59

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	60
Fine Sand + Gravel	61	88
Medium Sand + Gravel	89	137

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

RECEIVED  
 AUG 11 2008  
 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 #: 6W42993  
Irrigation Equipment  
Driller:  
Date completed: 8-5-08

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</u> <u>Ms.</u> <u>39730</u>	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>12</u> Twn <u>24N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</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 \_\_\_\_\_

RECEIVED  
AUG 11 2008  
BY: OLWR

AVE. B3  
N DR. B2  
TH WEST PLAZA CIR  
KER ST. C3  
AVE. B3  
I. C3,C4  
OMA AVE. B3  
RD LN. A7  
DR. B2  
A DR. A3  
N AVE. B3  
NG AVE. C3  
R. B4  
I DR. C3  
R. C3  
TS RD. C3  
VELT ST. C3  
R. B4  
WOOD CIR. B4  
ARTHUR CIR. A3  
N 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  
I ST. B4  
E ST. C3  
AVE. B4  
WALL DR. A3  
T ST. B3  
OWER AVE. B3  
CE DR. A3  
AVE. C3  
DR. C3  
AVE. B3  
RD. A3  
A ST. B3  
JUSTA ST. B3  
I ST. A3,B3  
OOD CIR. B3  
Y ST. B3  
ELL RD. A3  
R ST. C3  
ER AVE. B2  
IDE AVE. B2,B3  
Y ST. C4  
INGTON DR. C3  
NS RD. D3  
MS AVE. C3  
W RD. B4

660 000 m

650 000 m

660 000 m

680 000 m

670 000 m

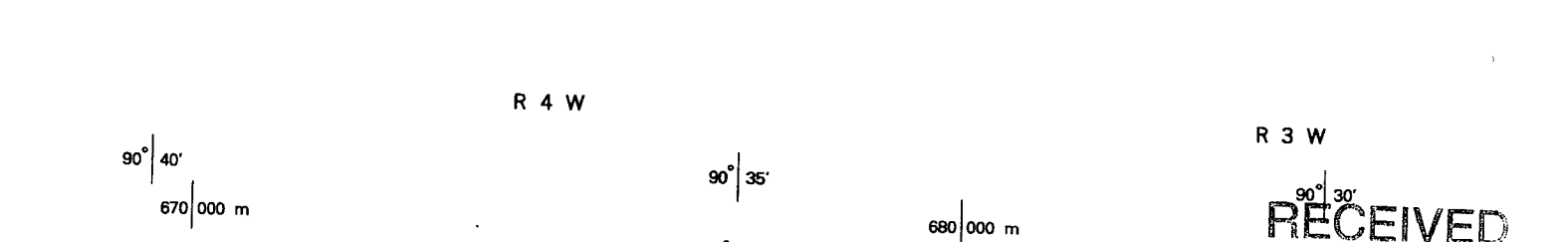
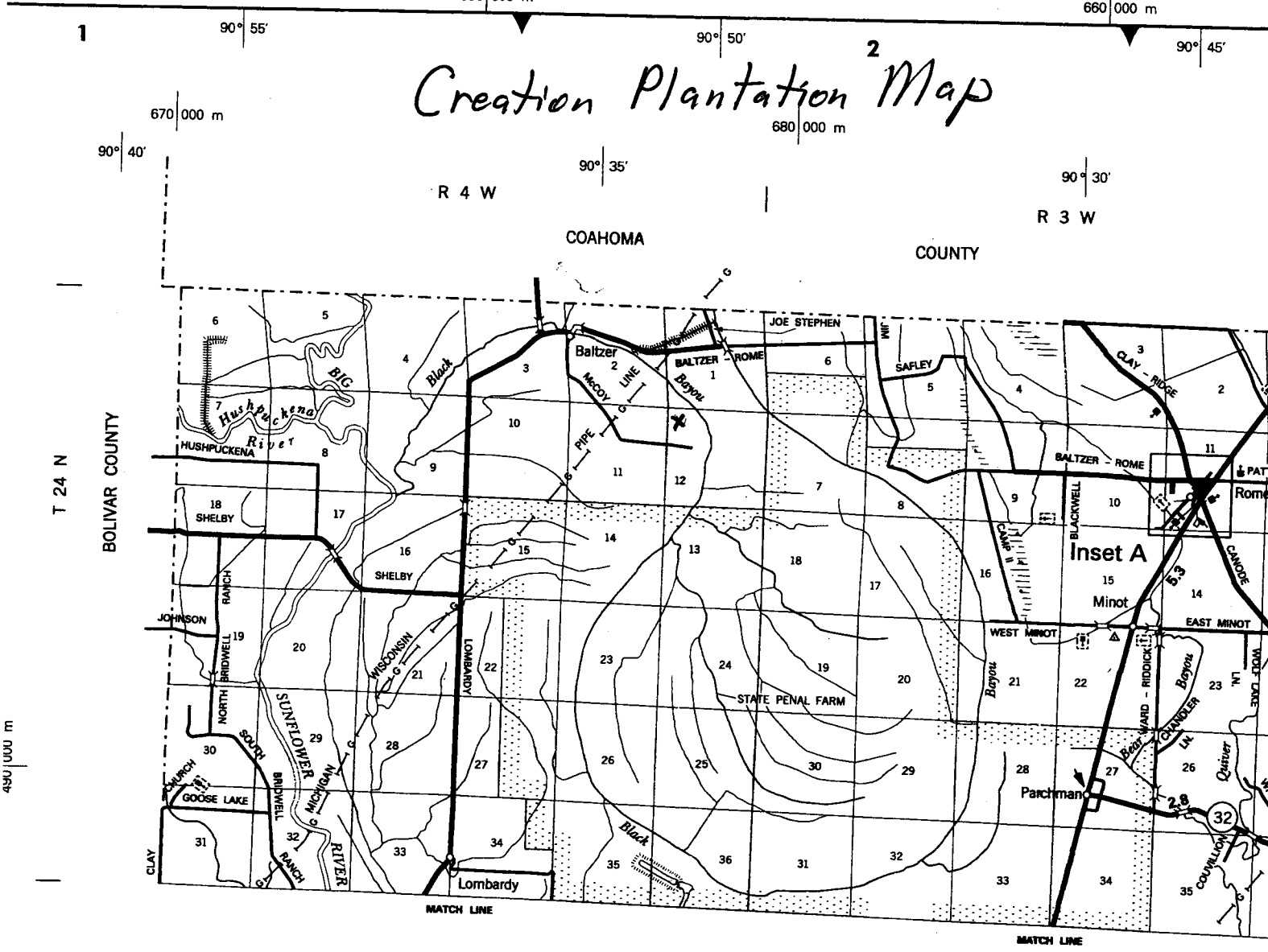
680 000 m

670 000 m

680 000 m

A-59

# Creation Plantation Map



- |                      |                   |                          |
|----------------------|-------------------|--------------------------|
| EAST AUSTIN E5       | LUSK C4           | SOUTH WADE E3            |
| EAST BLACKBELT E5    | LYON BRIDGE D3    | SOUTHSIDE G4             |
| EAST CAILE G4        | M.C. GRITTMAN A5  | STAGGS C4                |
| EAST DELTA EXT. E5   | MADDEN D4         | STANSEL B6               |
| EAST GARVINS E4      | MAIN B2           | STEED - MIXON D4         |
| EAST GRESHAW E5      | MAJORI E3         | STEELMAN B5              |
| EAST MCINTYRE B4     | MAJETT - JONES C4 | STEPHEN - LYON D3        |
| EAST MINOT A3        | MAMIE LEE F4      | STEWART E4               |
| EAST NOBILE E5       | MARIHAM 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 F5        | SUNFLOWER E4             |
| FAIRVIEW E3          | MCCONKLE C5       | SUNRISE B2               |
| FAISONIA PLANTION E4 | McCOY F5          | SWANGO F3                |
| FARISH C5            | McDANIELS A5      | SWOOPE B5                |
| FEEDLOT A4           | McINTYRE C5       | TAYLOR C4                |
| FENCE E4             | MITCHELL CA,D4    | TERRELL C5               |
| FERGUSON ST. B2      | MOON C4           | THAMP A4                 |
| FITTS E5             | MILL E4           | THOMAS GOODIN B4         |
| FITZMAUGH A5         |                   |                          |

RECEIVED

AUG 11 2008

BY: OLWR

