

# 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 #: 60047833  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-5-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-60  
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	NE 1/4 NE 1/4 Sec <u>11</u> Twn <u>24N</u> Rng <u>4W</u>
Telephone No. ( ) _____	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: 8-7-08

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 85 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 86 feet to 125 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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# 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 #: 06W42833  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 8-5-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-60  
 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>	<u>NE 1/4 NE 1/4 Sec 11 Twn 24N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<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>8-7-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800<sup>±</sup></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
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 \_\_\_\_\_

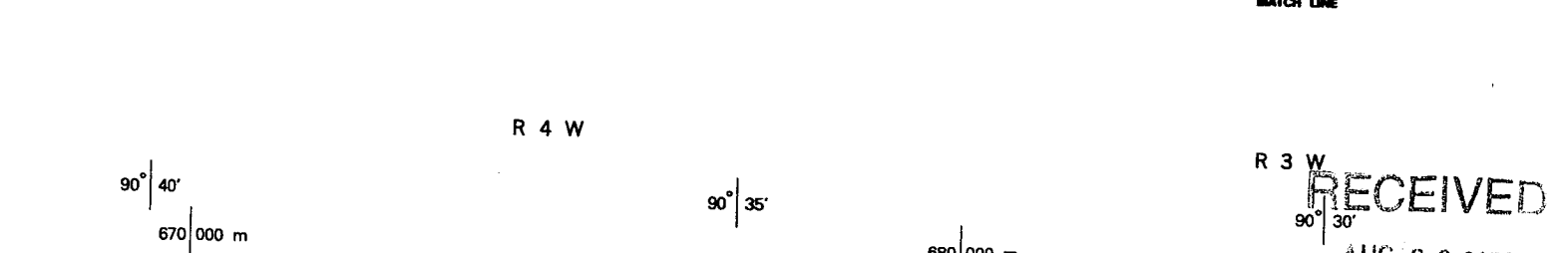
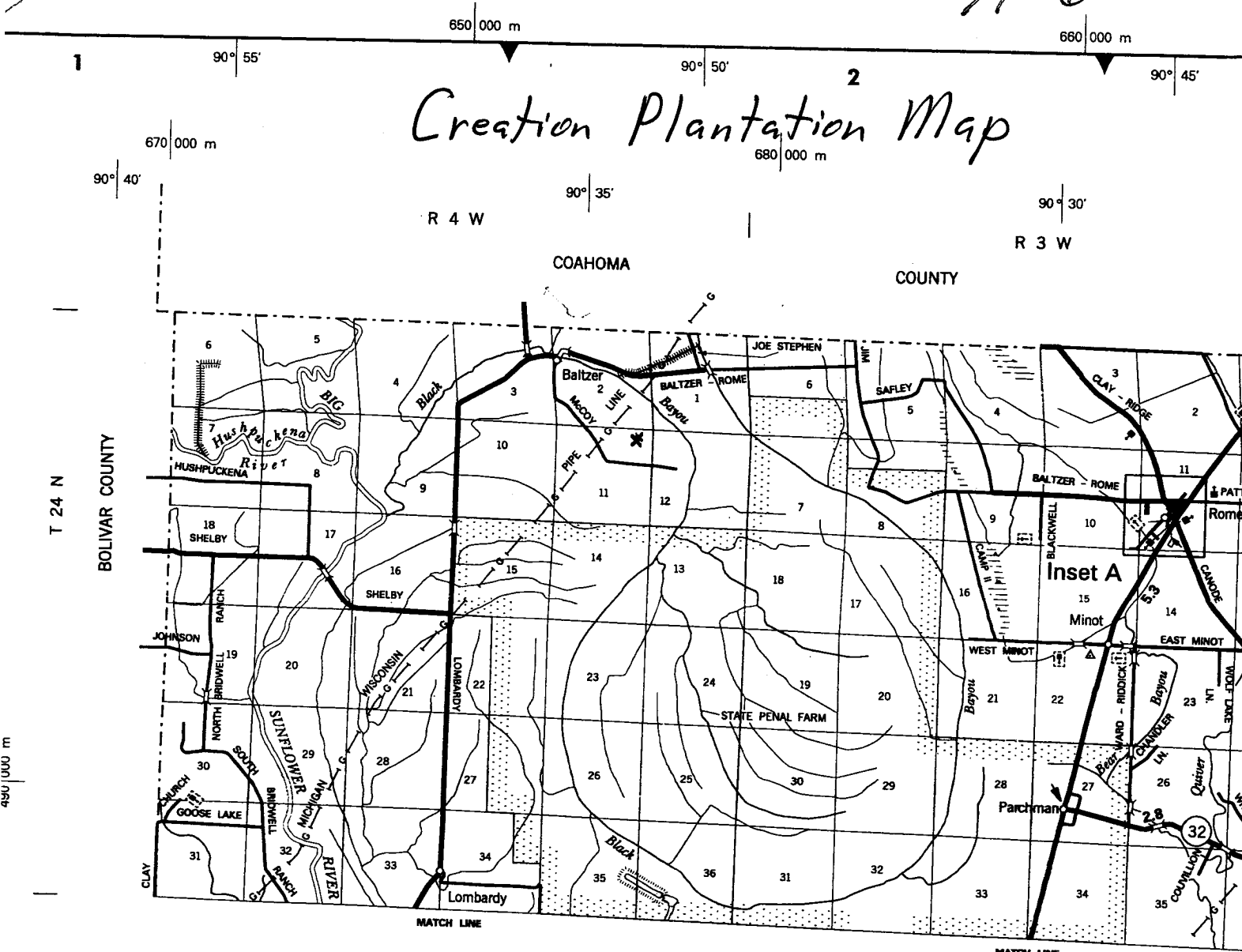
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(AVE. B3  
 AN DR. B2  
 TH WEST PLAZA CIR  
 KER ST. C3  
 AVE. B3  
 T. C3,C4  
 OMA AVE. B3  
 RD LN. A7  
 DR. B2  
 IA DR. A3  
 N AVE. B3  
 NG AVE. C3  
 RR. B4  
 R DR. C3  
 CIR. C3  
 TS RD. C3  
 VETL ST. C3  
 DR. B4  
 WOOD CIR. B4  
 ARTHUR CIR. A3  
 AN DR. B2  
 TH WEST PLAZA CIR  
 KER CIR. C3  
 DR. D3  
 D AVE. C3  
 D ST. B3,B4  
 JUR DR. B4  
 AVE. B2  
 DR. C3,D3  
 E ST. B4  
 ST. C3  
 E ST. C3  
 AVE. B4  
 WALL DR. A3  
 T ST. B3  
 OWER AVE. B3  
 T DR. B2  
 CE DR. A3  
 AVE. C3  
 J DR. C3  
 I AVE. B3  
 I RD. A3  
 IA ST. B3  
 JUSTA ST. B3  
 I ST. A3,B3  
 WOOD CIR. B3  
 ICY ST. B3  
 ELL RD. A3  
 R ST. C3  
 ER AVE. B2  
 IDE AVE. B2,B3  
 RY ST. C4  
 INGTON DR. C3  
 NS RD. D3  
 MS AVE. C3  
 W DR. B4

664833

A-60

# Creation Plantation Map



EAST AUSTIN E5  
 EAST BLACKBELT E5  
 EAST CALE G4  
 EAST DELTA EXT. E5  
 EAST GARVINS E4  
 EAST GRESHAW E5  
 EAST MCINTYRE B4  
 EAST MINOT A3  
 EAST NOBLE E5  
 EAST PAXTON G4  
 EAST OLIVER B5,C5  
 EASTLAND C5  
 FAIRVIEW E3  
 FAISONIA PLANTION E4  
 FARISH C5  
 FEEDLOT A4  
 FENCE E4  
 FERGUSON ST. B2  
 FITTS E5  
 FITZMAH A5

LUSK C4  
 LYON BRIDGE D3  
 M.C. GRITTMAN A5  
 MADDEN D4  
 MAIN B2  
 MAJORI E3  
 MALLET - 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  
 MIDON CA  
 MOLL E4

SOUTH WADE E3  
 SOUTHSIDE G4  
 STAGGS C4  
 STANSEL B5  
 STEED - MIXON D4  
 STEELMAN D5  
 STEPHEN - LYON D3  
 STEWARD E4  
 STINSON E4,F4  
 STRINGFELLOW B4  
 SUNFLOWER - FITTA BENA E5  
 SUNFLOWER E4  
 SUNRISE B2  
 SWANGO F3  
 SWOPE B5  
 TAYLOR C4  
 TERRELL C5  
 THOMP A5  
 THOMAS GOODIN B4

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