

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 #: 06042832
Irrigation Equipment
Driller: _____
Date drilling completed: 8-6-08

For Office Use Only:
Aquifer: _____
Well #: A-61
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</u> <u>Ms.</u> <u>39730</u>	<u>NE 1/4 SW 1/4</u> Sec <u>2</u> Twn <u>24N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6</u> Miles <u>NW</u> of <u>Rome</u>

Well Data

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

Date well drilling started: 8-6-08 Date well drilling completed: 8-6-08

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: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 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 85 feet to 124 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

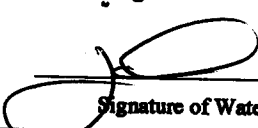
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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 #: 0042830
 Irrigation Equipment
 Driller: _____
 Date completed: 8-6-08

For Office Use Only:

Aquifer: _____
 Well #: A-61
 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): <u>Conventional Survey</u>
<u>Aberdeen</u> <u>Ms.</u> <u>39730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 2 Twn 24N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>NW</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>8-7-08</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

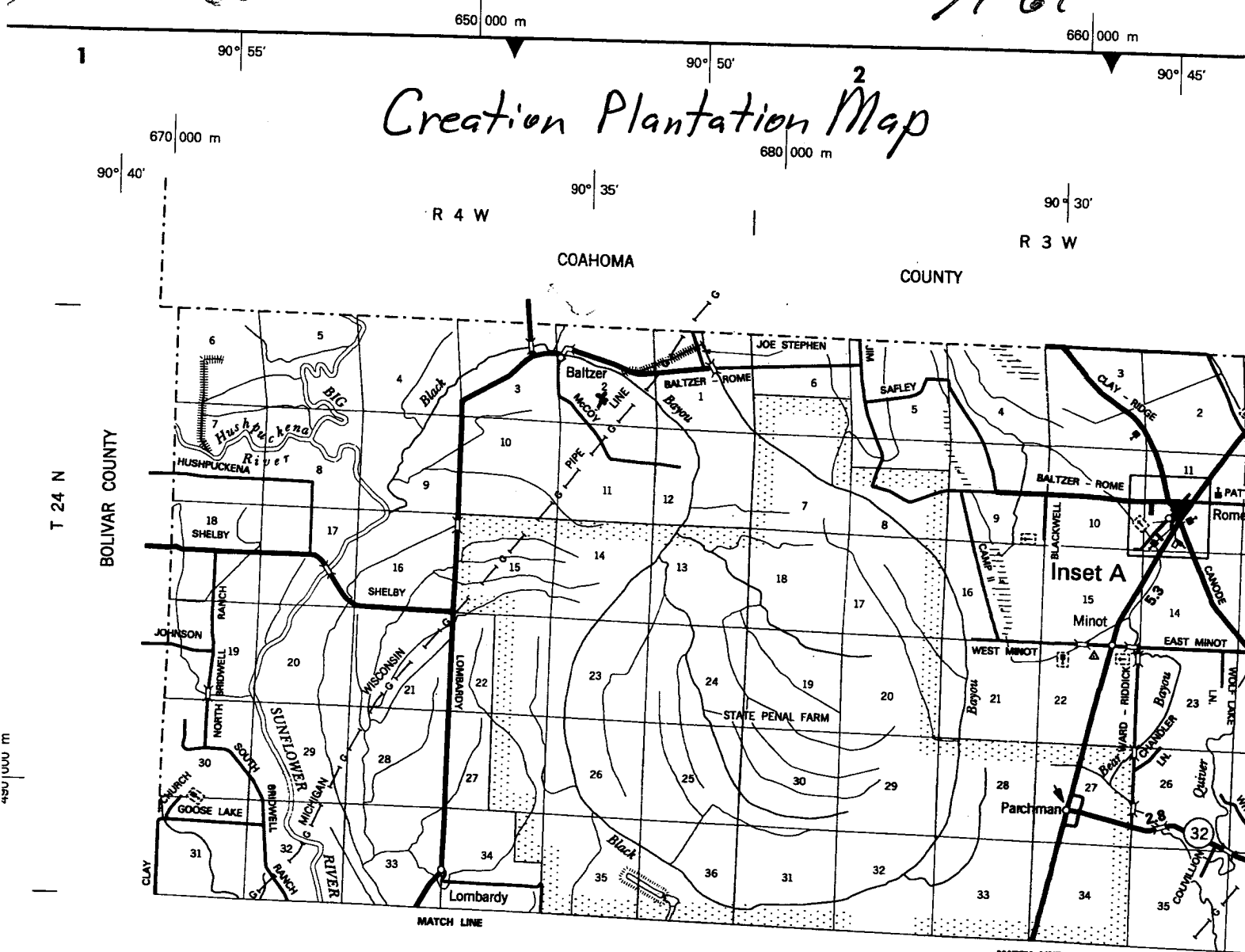
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A-61

Creation Plantation Map

- AVE. B3
- N DR. B2
- H WEST PLAZA CIR
- ER ST. C3
- AVE. B3
- MA AVE. B3
- ID LN. A7
- AVE. B3
- IG AVE. C3
- DR. C3
- JR. C3
- S RD. C3
- ELT ST. C3
- R. B4
- OOD CIR. B4
- ARTHUR CIR. A3
- H WEST PLAZA CH
- ER CIR. C3
- DR. D3
- AVE. C3
- ST. B3/B4
- IR DR. B4
- AVE. B2
- DR. C3/D3
- ST. B4
- F. C3
- ST. C3
- VE. B4
- ALL DR. A3
- ST. B3
- WER AVE. B3
- DR. B2
- DR. A3
- VE. C3
- DR. C3
- AVE. B3
- RD. A3
- ST. B3
- STA ST. B3
- ST. A3/B3
- OD CIR. B3
- Y ST. B3
- L RD. A3
- ST. C3
- IR AVE. B2
- DE AVE. B2/B3
- Y ST. C4
- GTON DR. C3
- S RD. D3
- S AVE. C3
- DR. B4



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- EAST AUSTIN E5
- EAST BLACKBELT E5
- EAST CAILE G4
- EAST DELTA EXT. E5
- EAST GARVINS E4
- EAST GRESHAW E6
- EAST MCINTYRE B4
- EAST MINOT A3
- EAST NOBLE E5
- EAST PAXTON G4
- EAST OLIVER B5,C5
- EASTLAND C5
- FAIRVIEW E3
- FAISONA PLANTION E4
- FARISH C5
- FEEDLOT A4
- FENCE E4
- FERGUSON ST. B2
- STITS E5
- FITZLAUGH A6
- LUSK C4
- LYON BRIDGE D3
- M.C. GRITTMAN A5
- MADDEN D4
- MAIN B2
- MAJORI E3
- MALLET - JONES C4
- MAMIE LEE F4
- MARSHAM B2,F5
- MARY ST. B2
- MAXWELL F5
- McCARTY C5
- MCCORKLE C5
- McCOY F5
- McDANIELS A5
- MCINTYRE C5
- MITCHELL C4,D4
- MOION C4
- MOLL E4
- SOUTH WADE E3
- SOUTHSIDE G4
- STAGGS C4
- STANSEL B5
- STEED - MIXON D4
- STEELEMAN D5
- STEPHEN - LYON D3
- STEWART E4
- STRINSON E4,F4
- STRINGFELLOW B4
- SUNFLOWER - ITTA BENA E5
- SUNFLOWER E4
- SUNRISE B2
- SWANGO F3
- SWOOPE B5
- TAYLOR C4
- TERRELL C5
- THAMP A4
- THOMAS GOODIN B4

