

# 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-65  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 0602874  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-30-08

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>C/O Alfred Fischer</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>P.O. Box 926</u>                        | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| <u>Aberdeen Ms. 39730</u>                  | <u>NW 1/4 SW 1/4 Sec 2 Twn 24N Rng 4W</u>                   |
| City State Zip Code                        | Distance Direction Nearest Town                             |
| Telephone No. <u>662 369-9531</u>          | <u>5 Miles NE of Lombardy</u>                               |

**Well Data**

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

Date well drilling started: 9-30-08 Date well drilling completed: 9-30-08

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

Static Water Level: 42 feet above (or below) (circle one) land surface Date measured: 10-1-08

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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A-65

If well telescopes please sketch below and show depths.

Ground Level

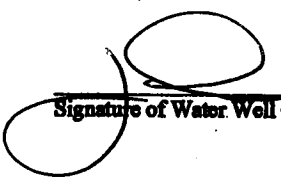
6042874

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 26  |
| Fine Sand                             | 27   | 47  |
| Fine Sand + Gravel                    | 48   | 69  |
| Medium Sand + Gravel                  | 70   | 121 |
| Clay                                  | 122  | 124 |
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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 #: 6642874  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: -9-30-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-65  
 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>C/O Alfred Fischer</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>P.O. Box 926</u>                        | USGS quad, Hand-held GPS, Survey-grade GPS            |
| <u>Aberdeen Ms. 39730</u>                  | <u>NW 1/4 SW 1/4 Sec 2 Twn 24N Rng 4W</u>             |
| City State Zip Code                        | Distance Direction Nearest Town                       |
| Telephone No. <u>(662) 369-9531</u>        | <u>5</u> Miles <u>NE</u> of <u>Lombardy</u>           |

| Pump Type<br>Circle one                              | Power Type<br>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>10-1-08</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<br>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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