

# 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 5/22/09

For Office Use Only:  
 Aquifer: C124  
 Well #: 11-161  
 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>Farmers National Co.</u>	Latitude: <u>33° 53' 28"</u>	Longitude: <u>90° 39' 21"</u>	
Mailing Address: <u>PMB 225</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>2704 S. Culberhouse, ste L</u>	NW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>6</u> Twn <u>34N</u> Rng <u>4W</u>		
<u>Jonesboro AR 72401</u>	Distance: <u>7</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Drew</u>
City: _____ State: _____ Zip Code: _____	Nearest Town: <u>23N</u>		
Telephone No. <u>870-933-9700</u>	Well Data: <u>Old Well 16" Steel 25' South</u>		
<u>Bill Shannon</u>	Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input checked="" type="radio"/> Other <u>Replacement</u>		
	Date well drilling started: <u>5/22/09</u> Date well drilling completed: <u>5/22/09</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>43'</u> feet above (circle one) below land surface Date measured: <u>5-23-09</u>		
	Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____		
	Hole depth: <u>126</u> Well depth: <u>126</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix		
	Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>		
	Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>		
	Screen slot size: <u>.050</u> inches Setting depth: From <u>73</u> feet to <u>112</u> feet		
	Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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: <u>John P. Chism</u>		

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If well telescopes please sketch below and show depths.

C124 #62

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	49
Fine Sand + Gravel	50	68
Medium Sand + Gravel	69	112
Fine Sand	113	123
Clay	124	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: Farmers National

John P. [Signature]  
 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 5/22/09

For Office Use Only:

Aquifer: C124  
 Well #: As 66  
 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>Farmers National</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PMB 225</u> <u>2704 S. Colberhouse, Ste. L</u> <u>Sonosboro AR 72401</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 6 Twn 24N Rng 4W</u>
Telephone No. <u>870-933-9700</u>	Distance Direction Nearest Town <u>7 Miles NW of Drew</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>5-23-09</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
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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870 000 m

680 000 m

90° 40'

4

90° 35'

5 90° 30'

# Farmers National Map

A-66  
C124

R 4 W

R 3 W

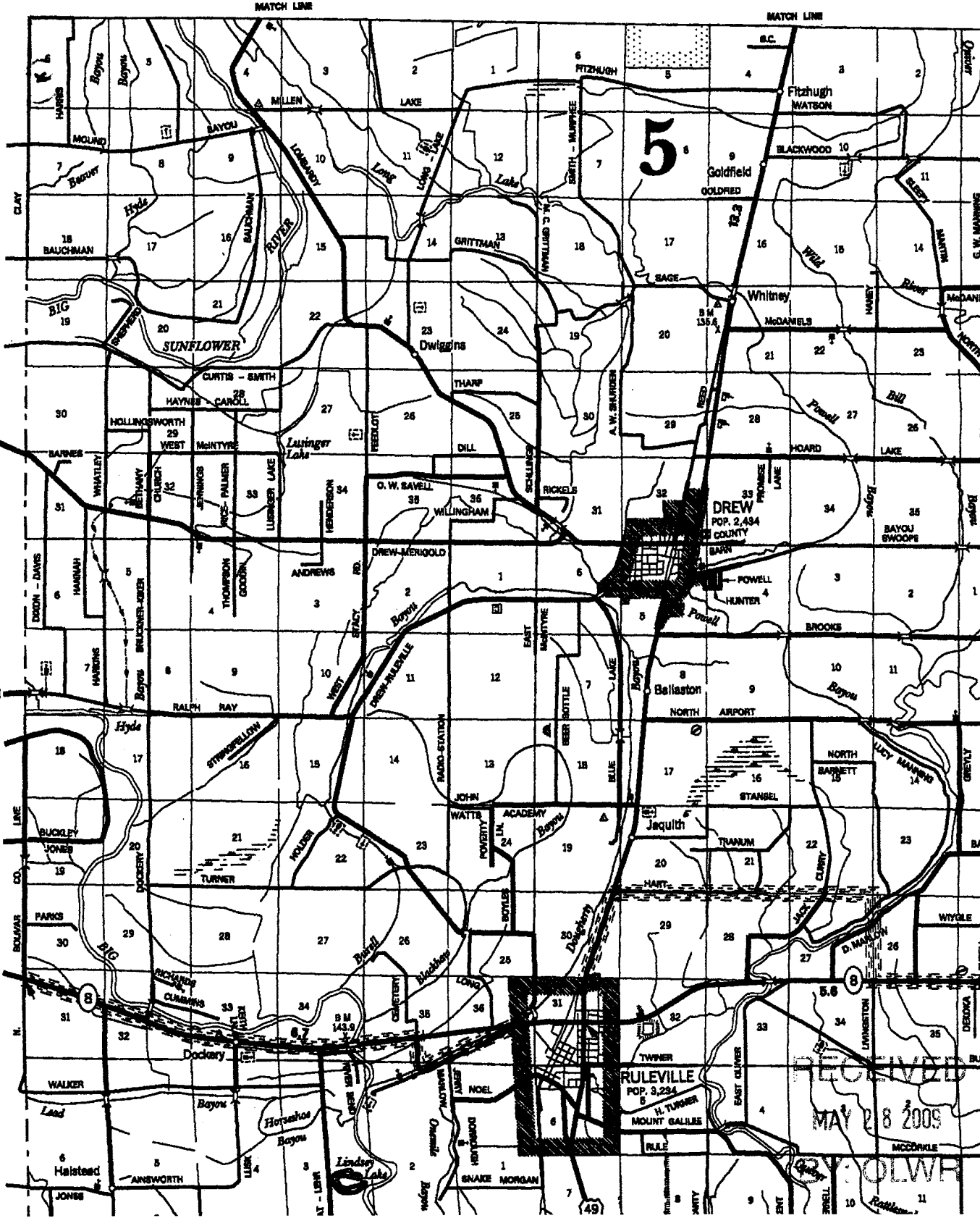
T 24 N

T 23 N

T 22 N

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IVAR COUNTY



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