

County: Sunflower  
 Permit #: MS-GW-43222  
 Driller: Irrigation Equipment  
 Date drilling completed: 5/22/09

# 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 #: C132  
 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' 41"</u> Longitude: <u>90° 39' 25"</u>
Mailing Address: <u>PMB 225</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>2704 S. Culberhouse, Ste. L</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jonesboro AR 72401</u>	<u>NW 1/4 SW 1/4 Sec 6 Twn 24N Rng 4W</u>
City: _____ State: _____ Zip Code: _____	SW NW Direction: <u>33N</u>
Telephone No. <u>870-933-9700</u>	Distance: <u>7</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Drew</u>
<u>Bill Shannon</u>	

Well Data: Old Well 16" Steel 25' South

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

Date well drilling started: 5/22/09 Date well drilling completed: 5/22/09

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

Static Water Level: 43' feet above of below (circle one) land surface Date measured: 5-23-09

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86<sup>72</sup> 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 72 feet to 112 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. \_\_\_\_\_

John P. Chism  
 Signature of Water Well Contractor

REP# 43222

GW-13870

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JUN 02 2009

YMD POINT WATER MANAGEMENT DISTRICT

If well telescopes please sketch below and show depths.

GW43222

C132

Ground Level

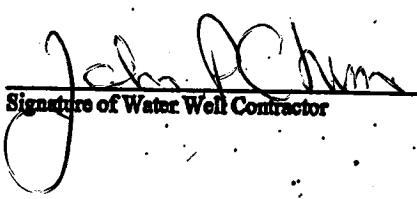
Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	49
Fine Sand + Gravel	50	68
Medium Sand + Gravel	69	112
Fine Sand	113	123
Clay	124	126

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.

See attached

Landowner Name: Farmers National

  
\_\_\_\_\_  
Signature of Water Well Contractor

# 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)961-3210  
 (601)354-6938 (fax)

County: Sunflower  
 Permit #: GW43222  
 Irrigation Equipment  
 Driller:  
 Date completed: 5/22/09

For Office Use Only:  
 Aquifer:  
 Well #: C132  
 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. Culberhouse, Ste. L</u> <u>Sonesboro 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 _____ 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)

John P. Chism  
 Signature of Pump Installer