

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 #: E-114
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 600 40914
Irrigation Equipment
Driller: _____
Date drilling completed: 3-6-06

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>Eubanks & Son</u>	Latitude: <u>33 44 49.2N</u> Longitude: <u>90 33 55.4W</u>
Mailing Address: <u>15 Maxwell Lane</u>	Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>55</u>
<u>Ruleville, MS 38771</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>25</u> Twn <u>22N</u> Rng <u>4W</u>
Telephone No. (<u>662</u>)- <u>756-4300</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>NW</u> of <u>Ruleville</u>

Well Data

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

Date well drilling started: 3-6-06 Date well drilling completed: 3-6-06

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

Static Water Level: 43' feet above of below (circle one) land surface Date measured: 3-7-06

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

Hole depth: 116 Well depth: 116' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 66 feet to 105 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.
Patrick M. Chism 0695

Patrick M. Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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If well telescopes please sketch below and show depths.

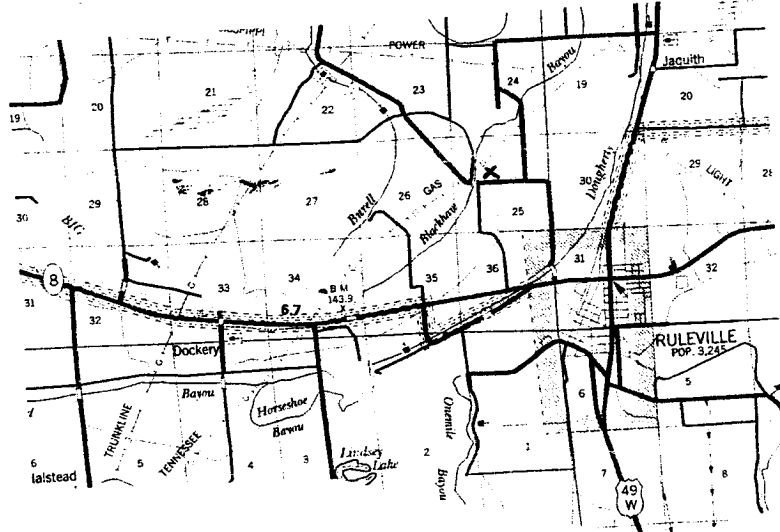
8-

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	25
Fine Sand/gravel	26	45
Med. Sand	46	55
Med. Sand/gravel	56	105
Fine Sand	106	110
Clay	111	116

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: _____

Patrick M. Chini
 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)961-5210
 (601)354-6938 (fax)

County: Sunflower
 Permit #: GW 40914
 Irrigation Equipment
 Dailer:
 Date completed: 3-7-06

For Office Use Only:

Aquifer:
 Well #: E-114
 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>Eubanks & Son</u>	Latitude: <u>33 44 49</u> Longitude: <u>90 33 55</u>
Mailing Address: <u>15 Maxwell Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ruleville, MS 38771</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE ¼ SW ¼ Sec <u>25</u> Twn <u>22N</u> Rng <u>4W</u>
Telephone No. () <u>662-756-4300</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>NW</u> of <u>Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>3-7-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750±</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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Pump replaced 6/15/10

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 BY: OLWR

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) 954-6938 (fax)

For Office Use Only:

Aquifer: E 114
 Well #: _____
 Elevation: _____

County: Sunflower
 Permit #: CW40914
 Driller: _____
 Date completed: 6-15-10
 Case information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Eubanks Farms</u>	Latitude: <u>N33° 44.805</u> Longitude: <u>W90° 33.921</u>
Mailing Address: <u>90 Boyles Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ruleville MS 38771</u> City State Zip Code	<u>56 1/4 NW 1/4 Sec 25 T 22 N R 4 W</u>
Telephone No. <u>662, 756-2279</u>	Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-15-10</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1-8 1/2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>46'</u> 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.
Peacock's Pump & Repair Inc RPD00000728
 Print Name of Pump Installer and License No. (if applicable) Loumy Peacock Sr.
 Signature of Pump Installer

Pump installed in existing 10" PVC well.

Form: OLWR-SWR-1B
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