

State Well Report

Part I

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 #: F-141
L. S. Elevation:
E-log #:

County: Sunflower
Femil #:
Irrigation Equipment
Driller:
Date drilling completed: 7-25-07

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: Owner Name Clark Planting Partnership, Mailing Address 3 Clark Lane, Ruleville Ms. 38771. Well Location: Latitude 33.45.52.2, Longitude 90.31.45.3, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4 Sec 20, Twn 22N, Rng 3W, Distance 3 Miles, Direction N, Nearest Town Ruleville.

Well Data: Purpose of Well Irrigation, Date well drilling started 7-25-07, Date well drilling completed 7-25-07, Static Water Level 43 feet below land surface, Date measured 7-26-07, Method of Measurement steel tape, Hole depth 95, Well depth 95, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 55 feet, Casing diameter 16 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 16 inches, Type of screen PVC, Screen slot size .032 inches, Setting depth: From 56 feet to 95 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing: feet, Logs run No log run, 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. Signature of Water Well Contractor: Patrick M. Chism.

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F-141

If well telescopes please sketch below and show depths.

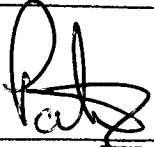
Ground Level

Description of Formations Encountered	From	To
Clay	0	52
Course Sand + pea Gravel	53	57
Medium Sand + pea Gravel	58	87
Course Sand + pea Gravel	88	95

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: Clark Planting Partnership



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 #: _____
 Driller: Irrigation Equipment Inc
 Date completed: 7-25-07

For Office Use Only:

Aquifer: _____
 Well #: F-141
 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.

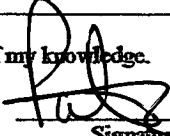
Well Owner Information	Well Location
Owner Name: <u>Clark Planting Partnership</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3 Clark Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ruleville Ms. 38771</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec. 20 Twn 22N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 Miles N of Ruleville</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>7-26-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>3</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.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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F-141

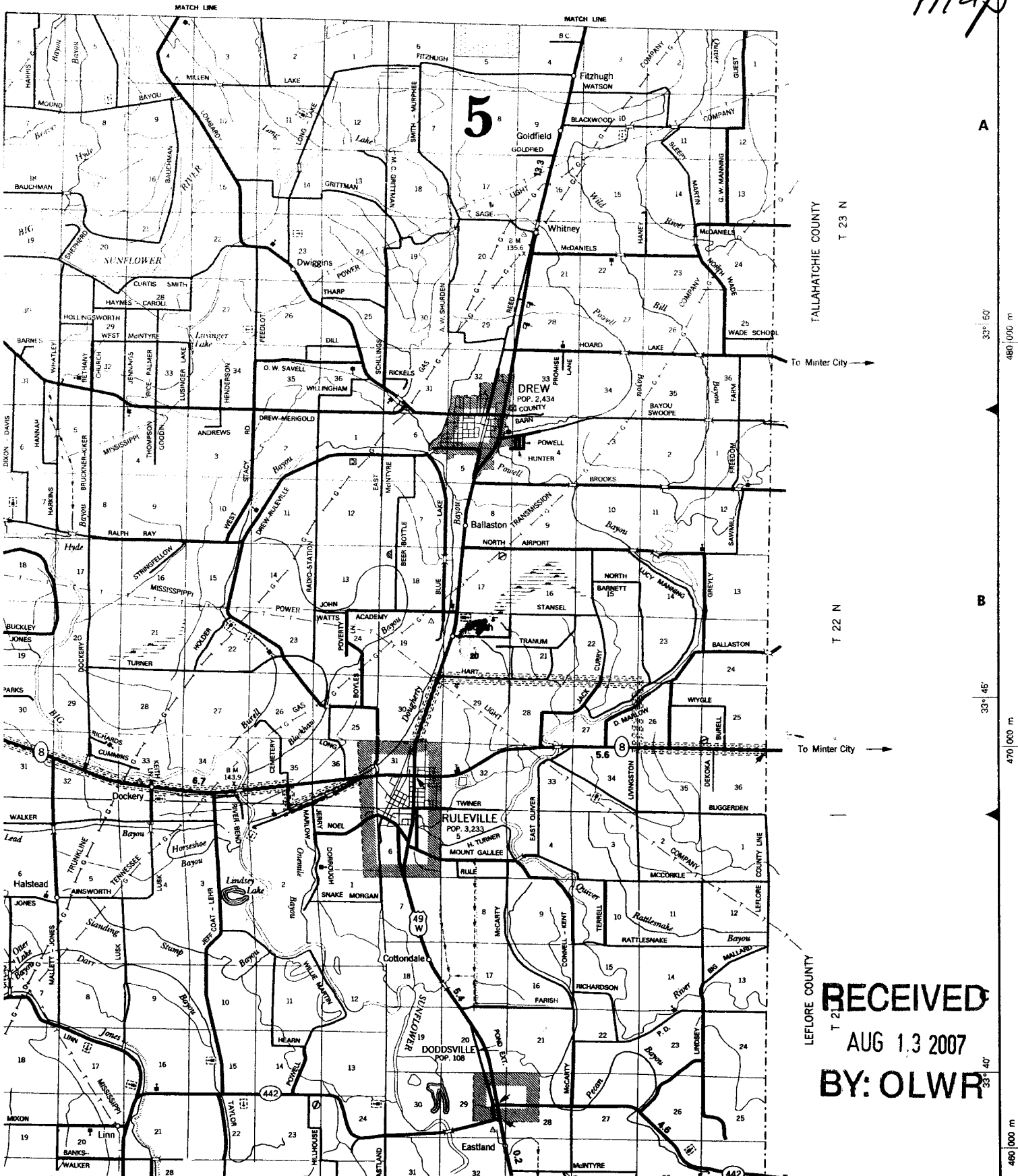
000 m 680,000 m 690,000 m 4 90° 35' 5 90° 30' 6 90° 25'

Clark Planting Partnership

Map

R 4 W

R 3 W



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480,000 m
 33° 56'
 480,000 m
 33° 50'
 480,000 m
 33° 45'
 470,000 m
 33° 40'
 460,000 m