

# 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 #: F-149  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6W43012  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 2/9/09

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>Steve Boonson Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1196 Poplar View Lane S</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Stc 1</u>	NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>7</u> Twn <u>22N</u> Rng <u>3W</u>
<u>Collierville Tn. 38017</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>SW</u> of <u>Drew</u>
Telephone No. <u>(901) 850-5303</u>	

Well Data

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

Date well drilling started: 2/9/09 Date well drilling completed: 2/9/09

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

Static Water Level: \_\_\_\_\_ feet above of below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From See back feet to \_\_\_\_\_ 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

Note - pump information is provided, but has not been installed. Field is being landformed.

If well telescopes please sketch below and show depths.

Ground Level

GW43012

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand + Gravel	28	38
Medium Sand + Gravel	39	60
Fine Sand + Gravel	61	71
Fine Sand	72	84
Medium Sand + Gravel	85	106
Medium Sand	107	127
Screen:		
(.050 88-107) 20'		
(.035 108-127) 20'		

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: Steve Bronson Farms

John P. Cheim  
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 #: 6W4302  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 2/9/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-149  
 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.

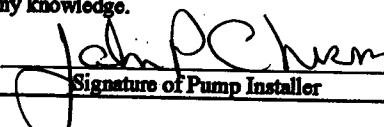
Well Owner Information	Well Location
Owner Name: <u>Steve Bronson Farms</u> Mailing Address: <u>1196 Poplar View Lane S</u> <u>Ste 1</u> <u>Collierville Tn. 38017</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. <u>906 850-5303</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 7 Twn 22N Rng 3W</u> Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>SW</u> of <u>Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston <input checked="" type="radio"/> Turbine Centrifugal                      Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	<input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas Electric Motor                      Hand                      Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line                      Electric Measuring Line                      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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