

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: 6-5-06

For Office Use Only:
Aquifer: _____
Well #: G-125
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>Russell Planting Company</u>	Latitude: <u>33.39 49.6</u> , Longitude: <u>90.34 48.4</u>
Mailing Address: <u>10562 Hwy. 442</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Doddsville MS 38736</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 14 TwN 21N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
Contact: <u>Clint Russell</u>	<u>4 Miles West of Doddsville</u>

Well Data

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

Date well drilling started: 6-5-06 Date well drilling completed: 6-5-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 107 Well depth: 107' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 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 68 feet to 107 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

Owner contracted with Circle S Irrigation (662-627-7246) JUN 22 2006
Circle S Irrigation will install pump.

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)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: G-125
Elevation: _____

County: Sunflower
Permit #: _____
Driller: _____
Date completed: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>J.R. FRY</u>	Latitude: <u>33.39 49.6</u> Longitude: <u>90 34 48.4</u>
Mailing Address: <u>409 Walnut Street</u>	Method of Lat/Long (circle one): Conventional Survey, <u>49</u>
<u>Highland, IL 62249</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>14</u> Twn <u>21N</u> Rng <u>4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>WEST</u> of <u>DODDSVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand 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>7-15-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>850</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 <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>34</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 _____
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.

DAVID P. HOLT 0-752 P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED

AUG 04 2006

BY: OLWR

JOB #
310