County:	Sunflower	
Permit #:	tion Equipment	
Date drilling	completed: 6-5-06	

### **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 #: 6-126		
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

30 days of completion of drilling of the well.				
Well Owner Information	Well Location 35			
Owner Name Russell Planting Company	Latitude: 33,39 22.6, Longitude: 90,32,4.8,			
Mailing Address: 10562 Hwy. 442	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
D. 11. 41.	SW4 NW 1/4 Sec 23 Twn 21N Rng 4W			
Doddsville, MS 38736 City State Zip Code	NW Distance Direction Nearest Town			
•	Distance   Direction   Nearest Town			
Telephone No. ( ) Contact Clint Russell				
. Well I	Data			
. Well I	7244			
Purpose of Well (circle one) Home Industrial Public Supply				
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:	Well grouted to a depth offeet			
Type of grout (circle one): Cement entonite Mix				
Casing length: 77 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 _	78feet_to117feet			
Type of completion (circle all applicable): Gavel 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 Compacto			

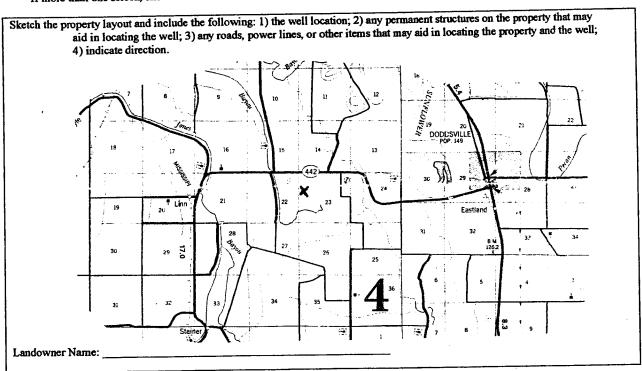
Owner contracted with Circle S Irrigation (662-627-7246). JUN 2  $\stackrel{?}{2}$  2006 Circle S Irrigation will install pump.

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered Clay Med. Sand/gravel Coarse Sand/gravel	From To
Clav	0 37
Med. Sand/gravel	38 67
Coarse Sand/gravel	68 117

If more than one screen, show location of each on sketch



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

Driller:

For Office Use Only: Aquifer: Elevation:

	901-0210			
(601)334	1-6938 (fax)			
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.				
installation of pump. A copy of Part 1 of this report mu	Well Location			
Well Owner Information				
Owner Name: J. P. Fry	Latitude: 33 39 22 6 Longitude: 90 32 48  SS 23  Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 409 Walnut Street	Method of Lat/Long (encle one): Conventional Survey,			
·	USGS quad, Hand-held GPS, Survey-grade GPS			
Highland, IC 62249 City State Zip Code	5W 1/4 NW 1/4 Sec 23 Twn 21 N Rng 4W			
City / State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	4 Miles WEST of Doddsville			
**				
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
	Transfers PTO			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 30			
Date Pump Installed: 7.15-06	Setting Depth: 6C feet			
Rated Pump Capacity: /400 Gallons Per Minute	Number of Stages:			
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				
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet after hours of pumping			
-0 11/1				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
DAULD P. HOLT 0-752 P  Signature of Pump Installar and License No. (if amplicable)  Signature of Pump Installar CFIVED				
Print Name of Pump Installer and License No. (if applicable)	( SIRINITIE OF LATTICE TO A STATE OF THE STA			

AUG 0 4 2006 BY: OLWR