

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 #: 6-128
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 7-25-06

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>Eastland Plantation</u>	Latitude: <u>33.40 09.9</u> Longitude: <u>90 33 59.4</u>
Mailing Address: <u>Box 25</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Doddsville MS 38736</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>13</u> Twn <u>21N</u> Rng <u>4W</u>
City <u>Doddsville</u> State <u>MS</u> Zip Code <u>38736</u>	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Doddsville</u>
Telephone No. (<u>662</u>) <u>756-4616</u>	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u>	
Date well drilling started: <u>7-25-06</u>	Date well drilling completed: <u>7-25-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>21'</u> feet above or below (circle one) land surface	Date measured: <u>7-26-06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>135</u> Well depth: <u>135</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>95</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC Sch. 40</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>96</u> feet to <u>135</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

Patrick M. Chism
Signature of Water Well Contractor

RECEIVED
AUG 07 2006
BY: OLWR

If well telescopes please sketch below and show depths.

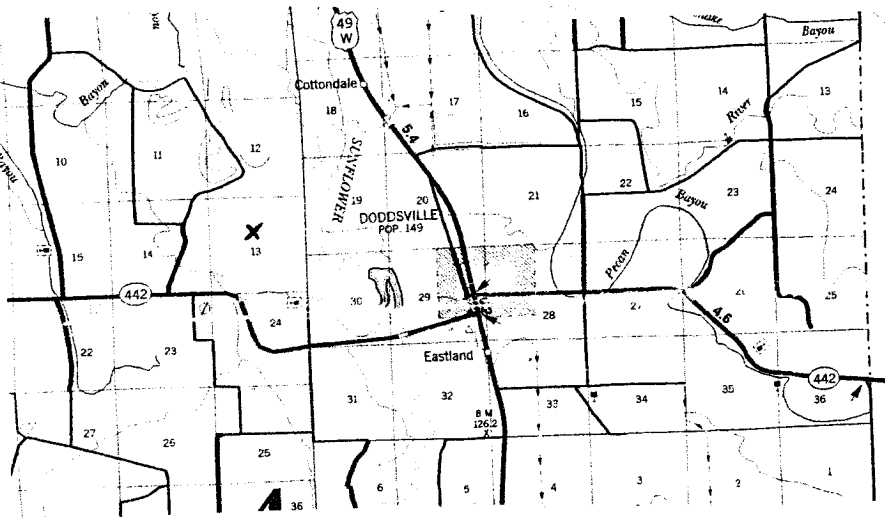
Ground Level

Description of Formations Encountered	From	To
Clay	0	38
Fine Sand/clay	39	45
Clay	46	55
Fine Sand/gravel	56	65
Med. Sand/gravel	66	35

Old Well 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: _____

Patric 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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 7-25-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-128
 Elevation: _____

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>Eastland Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 25</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Doddsville MS 38736</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec. <u>13</u> T <u>21N</u> R <u>4W</u>
<u>662-756-4616</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>West</u> of <u>Doddsville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	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>7-26-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2300</u> Gallons Per Minute	Number of Stages: <u>2</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)

Patrick M. Chism
 Signature of Pump Installer

RECEIVED

NOV 07 2006

Form: OLWR-SWR-1B

BY: OLWR