

**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)

County: Sunflower
 Permit #: GW 42290
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 12-4-07

For Office Use Only:

Aquifer: _____
 Well #: G-136
 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>G + G Farms</u>	Latitude: <u>33.39.09.4</u> Longitude: <u>90.36.05.7</u>
Mailing Address: <u>918 Hwy 442</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shaw</u> <u>Ms.</u> <u>38773</u>	<u>SE 1/4 NW 1/4 Sec 22 Twp 21N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Doddsville</u>
Telephone No. <u>(662) 207-0050</u>	

Well Data

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

Date well drilling started: 12-4-07 Date well drilling completed: 12-4-07

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

Static Water Level: 54 feet above of below (circle one) land surface Date measured: 12-5-07

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

Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 96 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 regulations and state laws.

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Irrigation Equipment Inc.
 Patrick M. Chism 0695

Paint Name of Water Well Contractor and License No. _____

Signature of Water Well Contractor
Pat
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G.W. 42298

G-136

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	36
Fine Sand + Gravel	37	56
Medium Sand + Gravel	57	70
Medium Sand	71	96
Medium Sand + Gravel	97	136
.032 - 95-116		
.050 - 117-136		

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: G + G Farms

[Handwritten Signature]

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)854-6938 (fax)

For Office Use Only:

Applicant: _____

Well #: G-136

Elevation: _____

County: Sunflower
 Permit #: 00042298
 Irrigation Equipment
 Installer: _____
 Date completed: 12-4-07

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>G + G Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>918 Hwy 442</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Shaw</u> <u>Ms.</u> <u>38773</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec. 22 Twp 21N Rng 4W</u>
Telephone No. <u>(662) 207-0050</u>	Distance Direction Nearest Town <u>5 Miles W of Doddsville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12-5-07</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DEC 14 2007

Patrick M. Chism 0695

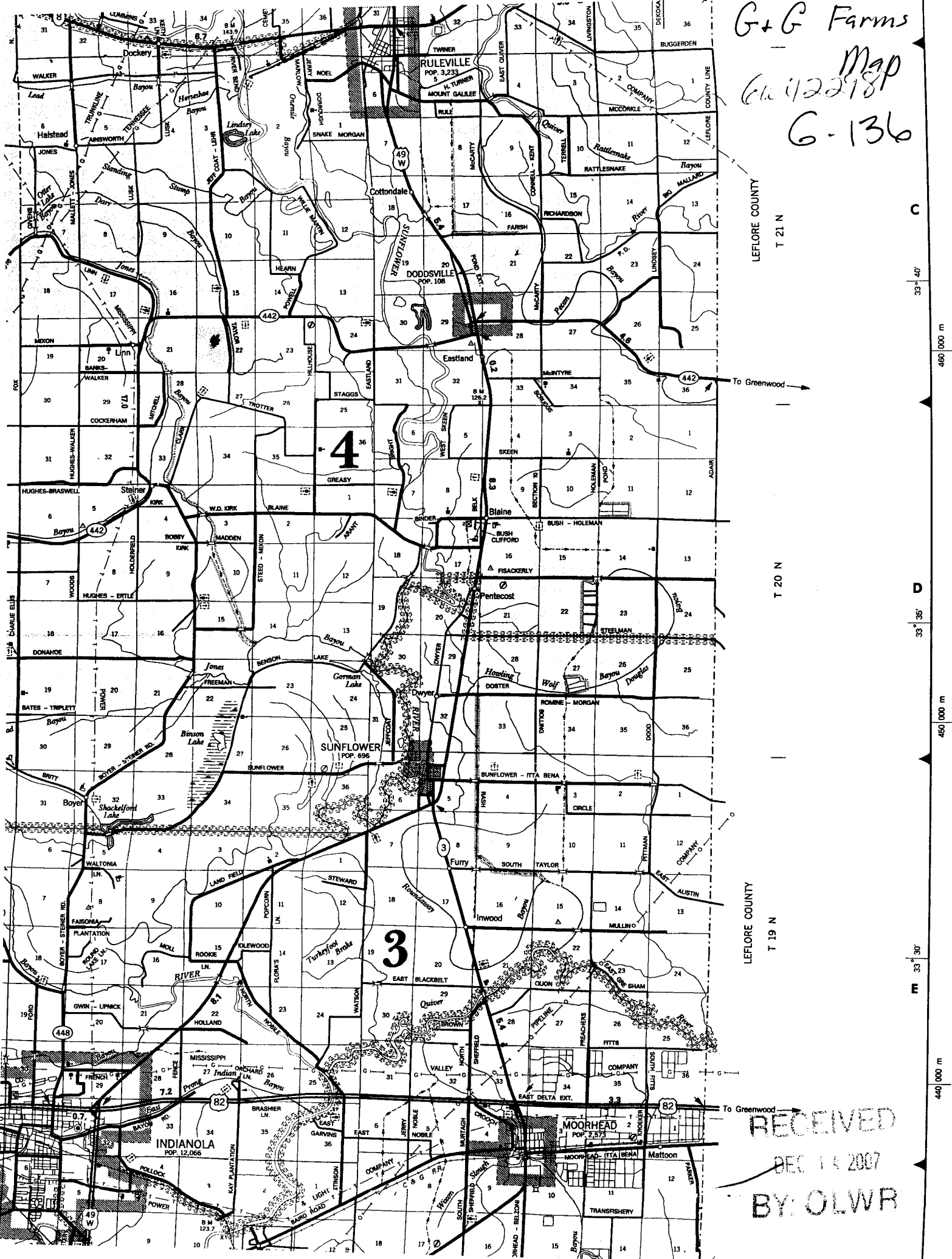
Patrick M. Chism
Signature of Pump Installer

BY: OLWR

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

G+G Farms
Map
6642218P
G-136



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