County:	County: Sunflower		
Permit#:	Gw	39869 Equipment	}
Driller:		11_15_04	_

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:
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 33 38 23 6N 90 31 55 5W
Owner Name Live Oaks Planting Co.	33 38 23.6N 90 31 55.5W Latitude:** Longitude:**
Mailing Address: 23939 County Road 523	Method of Lat/Long (circle one): Conventional Survey,
<u> </u>	USGS quad, Hand-held GPS, Survey-grade GPS
Schlater, MS 38952	SE 14 SW 14 Sec 32 Twn 21 N Rng 3W
City State Zip Code	
662-254-7322 Telephone No. ()	Distance Direction Nearest Town 1 2 Miles South of Doddsville
Well I	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other Replacement
Date well drilling started: 11-15-04 Date	well drilling completed: 11-15-04
If flowing, method of flow regulation: Valve Other (d	lescribe)
Static Water Level:feet above or below (circle one)	land surface Date measured: 11-16-04
Method of Measurement (circle one) electric tape	air line other:
Hole depth:121' Well depth:121'	_ Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 71' feet Casing diameter: 16	
Screen length: 50' feet Screen diameter: 16	inches Type of screen: PVC Sch. 40
Screen slot size:	72 feet to 121feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If to	elescoped 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	
Department of Environmental Quality and/or the Mississippi Department of Environmental Quality and Order (Environmental Quality and Order	partment of Health regulations and state laws.
Patrick M. Chism 0695	Patrick M Chin
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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BY: OLWR

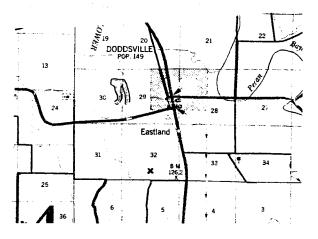
Ground Level

H- 149

Description of Formations Encountered	From	To
Clay	0	38
Fine Sand	39	45
Fine sand/gravel . Med. Sand/gravel	46	
Med. Sand/gravel	51	121
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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:

Live Oak Planting Company

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sunflower

Permit #: 6W - 39666

Irrigation Equipment

Date completed: 11-16-04

Date completed: 11-16-04

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 #: }	1-149
Elevation:	

		(601)	354-6938 (fax) Elevation:	
•		y the pump installer in de	tail and filed with the Department within 30 days of the	
installation o	Well Owner Inform	nation	Well Location	
Owner Name:	Live Oaks P	lanting Co.	Latitude: Longitude:	
Mailing Address:	23939 Count	y Road 523	Method of Lat/Long (circle one): Conventional Survey,	
			USGS quad, Hand-held GPS, Survey-grade Gl	PS
	Schlater, M	S 38952	SE 1/4 SW 1/4 Sec 32 Twn 21N Rng 3W	
	City Stat	e Zip Code	Distance Direction Nearest Town	
	662-254-732 		1½ Miles South of Doddsville	_
	Pump Type Circle one	:	Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gasoline Engine Natural C	3as
Bucket	Piston	arbine	Electric Motor Hand Tractor P	то
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):	
Other (specify): _			Horse Power Rating of Motor: 75	_
Date Pump Installe	ed: 11-1	6-04	Setting Depth: 80 feet	
Rated Pump Capac	3500-4000 sity:	Gallons Per Minute	Number of Stages: 1	
	Pump Test Dat		Method of Measuring Water Level Circle one	
Date Well Tested:			Air Line Electric Measuring Line Steel Tape	`
tatic Water Level	(A): 53 Fe	et Below Land Surface		ン
umping Water Le	evel (B):Fe	et Below Land Surface	Other (specify):	_
rawdown [(B) – ((A)]:Fc	et Below Land Surface	For flowing well, measured shut in head:fa	ect
est Pumping Rate	*	Gallons Per Minute	Well yieldedGPM with a drawdown of	
			feet afterhours of pump	

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

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

| Patrick M. Chism 0695 | Walter M. (if applicable) | Walter M. (if applicable) | Signature of Pump Installer

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