Permit #: <u>MSQ()</u> Q0119 Irrigation Equipment Driller: Date drilling completed: <u>4-29-05</u>	State Well Report Part 1 Mississippi Department of Environme Office of Land and Water Reso P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)	Intal Quality Aquifer:
30 days of completion of drilling of Well Owner Informati	f the well.	Well Location
		9 40,0 90 29,45,8 Longitude: 8
Mailing Address: C/O Fischer		
Maning Address		ad, Hand-held GPS, Survey-grade GPS
Box 926		$\frac{1}{4}$ Sec 27 Twn 21N Rng 3W
<u>Aberdeen</u> , <u>M</u> City State Telephone No. <u>66</u> 2-369-9531	S 39730 Zip Code Distance	Direction Nearest Town s East of Doddsville
	Well Data	
Purpose of Well (circle one) Home Indu	strial Public Supply (Irrigation) H	Fish Culture Other: Replacement
Date well drilling started:	0 5 Date well drilling com	4-29-05
If flowing, method of flow regulation: Valv		·
Static Water Level:50 'feet abo		
Method of Measurement (circle one)		other:
Hole depth: <u>127'</u> Well dept		
Type of grout (circle one): Cement		
Casing length: <u>87</u> feet Casing		pe of casing: PVC Sch.40
40		
Screen length:feet Screen		
Screen slot size: <u>050</u> inches		feet to <u>127</u> feet
Type of completion (circle all applicable):	Gravel packed Underreamed Teles	scoped Open hole Natural Development
	Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or mo	re than one screen, describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Son	ic Neutron Other:
Name of organization running log(s):	4.8	hall an aliashla maninum units of the Minister-
I certify that the well was drilled, constru Department of Environmental Quality ar		h all applicable requirements of the Mississippi alth regulations and state laws.
Irrigation Equipment Patrick M. Chism 069	Inc.	atuch MChinn

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If well telescopes please sketch below and show depths.

Ground Level

H-150		
Description of Formations Encountered	From	<u>To</u>
Clay	0	35
Clay Med. Sand Coarse Sand/gravel	36	45
Coarse Sand/gravel	46	127
Course Bana/graver		1-6-4
	+	
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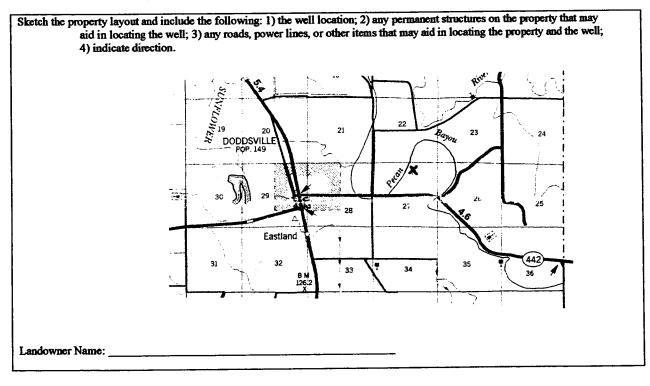
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

County: Sunflower	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		For Office Use Only Aquifer:	
Permit #: MSGW 40179 Irrigation Equipment Driller: Date completed: <u>4-29-05</u>			Well #: <u>H-150</u> Elevation:	
Date completed: $\underline{+29-05}$	(601)3	(601)354-6938 (fax)		
This report should be prepared by the installation of pump.	e pump installer in det	ail and filed with the Departme	ent within 30 days of the	
Well Owner Informati		Well Location		
Owner Name: Delta Sunrice	Plantation	Latitude:	Longitude:	
Mailing Address: c/o Fischer	<u>Farm Se</u> rvic	SMethod of Lat/Long (circle or	e): Conventional Survey,	
Box 926		USGS quad, Hand-held GPS, Survey-grade G		
Aberdeen, M	<u>s 39730</u>	<u>NW4 NE 14 Sec 2</u>	7 Twn 21N Rng 3	
City State	Zip Code	Distance Direction	Nearest Town	
662-369-9531			fDoddsville	
Telephone No. ()	·····		·	
Pum p Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine) Gasolin	ne Engine Natural	
	Turbine	Electric Motor Hand	-	
	Flowing Well	Windmill Other		
•	Thowing wen	Horse Power Rating of Motor		
Other (specify): $4-29-0$	5			
Date Pump Installed: 4-29-0 2500-3000		Setting Depth:	1	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data			asuring Water Level	
Date Well Tested:			ircle one	
Static Water Level (A):Feet Below Land Surface			usuring Line Steel Ta	
Pumping Water Level (B):Feet 1		Other (specify):		
Drawdown [(B) - (A)]:Feet		For flowing well, measured s	hut in head:	
Test Pumping Rate:		Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):		feet after _	hours of pur	
······································				
I HEREBY CERTIFY that the above statem		of my knowledge		

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