

County: Sunflower  
 Permit #: GW 45050 /  
 Driller: Irrigation Equipment  
 Date drilling completed: 5-10-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: 5186  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>St Rest Planting Co.</u>	Latitude: <u>33° 32' 56.9"</u> Longitude: <u>90° 45' 25.4"</u>
Mailing Address: <u>65 Holly Ridge Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Indianola</u> <u>Ms</u> <u>38751</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>30</u> TwN <u>20N</u> Rng <u>5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Shaw</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 5-10-11 Date drilling completed: 5-10-11 Hole depth: 127 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 36 feet above or  below (circle one) land surface Date measured: 5-11-11

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 87 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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 next page*

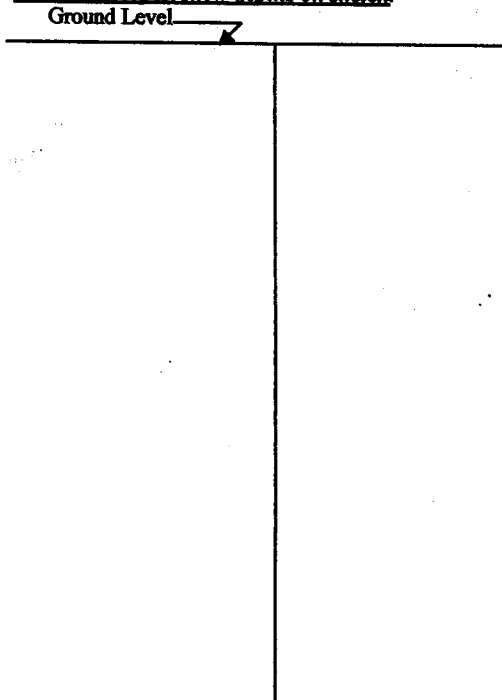
Form: OLWR-SWR-1A (04/08)

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J186

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Fine Sand	Ground Level	75
Medium Sand	76	80
Course Sand	81	127

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) a north arrow.

Landowner Name: St. Rest Planting Co.

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism     0695

Print Name of Responsible Licensee and License No.                          Date                          Signature of Licensee

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Sunflower  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 5-10-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: J186  
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>St. Rest Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 Holly Ridge Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Indianola</u> <u>Ms.</u> <u>38751</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>30</u> T <u>20N</u> R <u>5W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SE</u> of <u>Shaw</u>
Telephone No. (_____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>5-11-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000 ±</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	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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) \_\_\_\_\_  
Signature of Pump Installer \_\_\_\_\_

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Form: OLWR-SWR-1C (07-09)

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