

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 #: K-110
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 6W 41379
Irrigation Equipment
Driller: _____
Date drilling completed: 10-12-06

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>Parker Brothers</u> Mailing Address: <u>558 N. Martin Luther King</u> <u>Sunflower MS 38778</u> City State Zip Code <u>662-569-3326</u> Telephone No. () _____	Latitude: <u>33 32 17.2</u> Longitude: <u>90 35 27.5W</u> Method of Lat/Long (circle one): <u>17</u> Conventional Survey, <u>27</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 34 Twn 20N Rng 4W</u> Distance Direction Nearest Town <u>4</u> Miles <u>West</u> of <u>Sunflower</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other: Replacement
6W 36161

Date well drilling started: 10-12-06 Date well drilling completed: 10-12-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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 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

Patrick M Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
NOV 15 2006

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 #: 0041379
 Irrigation Equipment
 Driller: _____
 Date completed: 10-12-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-117
 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>Parker Brothers</u> <u>558 N. Martin Luther King</u> Mailing Address: _____ _____ <u>Sunflower MS 38778</u> City State Zip Code <u>662-569-3326</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE ¼ NE ¼ Sec 34 T 20N R 4W</u> Distance Direction Nearest Town <u>4 Miles West of Sunflower</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>1600</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>150</u> Setting Depth: <u>60</u> feet Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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