County:	_{County:} Sunflower			
Permit#:60 41377 Irrigation Equipment Driller:				
	ling completed:	10-12-06		

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 #:
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 Pitts Farms	Latitude: 33,34 30.6, Longitude: 37 23.8,			
Mailing Address: 501 Catchings Ave	Method of Lat/Long (circle one): Conventional Survey,			
•	USGS quad, Hand-held GPS, Survey-grade GPS			
	SE _{1/4 Sec} 17 Twn 20N Rng 4W			
Indianola MS 38751	14 Sec Twn Rng TW			
City State Zip Code	Distance Direction Nearest Town			
662-887-4551 Telephone No. ()	3 Miles South of Steiner			
receptione No.				
Well 1	Data .			
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture Other.			

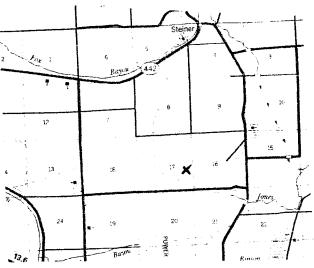
Date well drilling started: Date w	vell drilling completed: 10-12-06			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 40 feet above or below (circle one) l	and surface Date measured: 10-13-06			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 123 Well depth: 123	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 83 feet Casing diameter: 10	inches Type of casing: PVC 160			
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC 160			
Screen slot size: o 50 inches Setting depth: From	84feet to123feet			
Type of completion (circle all applicable): Gravel packed Under	reamed 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 a	ccordance 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.	() i			
Patrick M. Chism 0695	Patrick Mr Ch			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

Ground Level

Description of Formations Encountered	From	То
Clay Med. Sand/gravel	0	51
Med. Sand/gravel	52	123
	1	
	1	
		1
		1
	 	
	+	+
		
	 	+
	+	+
		
	+	-
	-	
	<u> </u>	ļ
	 	
		
		<u> </u>

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:	
Landownor rante.	

Signature of Water Well Contractor

STATE WELL REPORT

County: Sunflower Permit #6 W 41327 Irrigation Equipment

Date completed: ___10-12-06

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:	•	
Well#: K-	118	
Elevation:		

(601)354-6938 (fax) Copy information from block on Part 1 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 Pitts Farms Longitude:____ Latitude: Owner Name: Mailing Address: 501 Catchings Ave Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____ NE 1/2 SE 1/2 Sec 7 T 20N R 4W Indianola MS 38751 City Zip Code State Distance Direction Nearest Town 662-887-4551 Miles South of Steiner Telephone No. () Pump Type **Power Type** Circle one Circle one Air Lift Submersible **J**ct Natural Gas Diesel Engine **Gasoline Engine** Bucket Piston Tractor PTO Turbine Electric Motor Hand Centrifugal Other (specify): Rotary Flowing Well Windmill Horse Power Rating of Motor: 15 Other (specify): ___ 10-13-06 Setting Depth: 70 feet Date Pump Installed: 750 Rated Pump Capacity: Number of Stages: ____1 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Electric Measuring Line Steel Tape Air Line Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: _____ feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping

I HEREBY CERTIFY that the above statem	ents are true to the	best of my knowledge
Patrick M. Chism		Tatuck M Chin
Print Name of Pump Installer and License N	lo. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B