County: Sunflower				
Permit#: 6W41380 Irrigation Equipment Driller:				
Date drillin	g completed:	10-13-06		

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 #:	

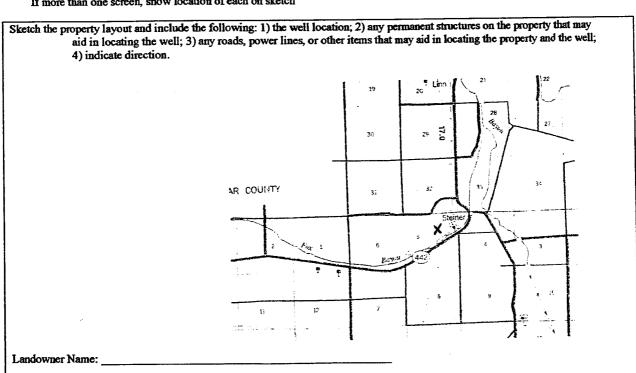
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name	33 36 49.5, Longitude: 90 38,00.4
Mailing Address: 100 Park Ave.	Method of Lat/Long (circle one): Conventional Survey,
·	USGS guid, Hand-held GPS, Survey-grade GPS
Indianola MS 38751	1 NW 1/4 NE 1/4 Sec 5 Twn 20N Rng 4W
City State Zip Code 662-887-3203 Telephone No. ()	Distance Direction Nearest Town Miles of Steiner
Well I	Data
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: $10-13-06$ Date w	rell drilling completed: 10-13-06
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level:feet above or below (circle one) la	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 125 Well depth: 125	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 85 feet Casing diameter.	_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	feet tofeet
Type of completion (circle all applicable): Gravel packed Unders	reamed Telescoped Open hole Natural Development
Other (describe):	
	escoped 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 Dep	
Irrigation Equipment Inc.	Otl mel.
	Takes MI Chi
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Ground Level

Description of Formations Encountered	From	To
Clay Fine Sand	0	26
Fine Sand	27	35
FIne Sand/gravel	36	58
FIne Sand/gravel Med. Sand/gravel	59	125
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Sunflower

Irrigation Equipment

Permit #: 6W 4/380

County:

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-	119

Date completed: (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 Dick Barrett Owner Name: Latitude: Longitude: Mailing Address: 100 Park Ave Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___ ½____% Sec___5 _T_20N_R_4W Indianola MS State Zip Code Direction Nearest Town Distance 662-887-3203 Steiner Telephone No. () Miles of Pump Type Power Type Circle one Circle one Air Lift **J**ct Submersible Gasoline Engine Natural Gas Diesel Engine Bucket Piston Turbine Tractor PTO Electric Motor Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 40 Other (specify): Setting Depth: 80 Date Pump Installed: fect Rated Pump Capacity: 1800 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape 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 vielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping

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

0695

Patrick M. Chism

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

Form: OLWR-SWR-1B

Signature of Pump Installer