County: Sunflower Permit#: (1)4/6/6 Irrigation Equipment	
Driller:	3-16-07

## **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 - 122		
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.

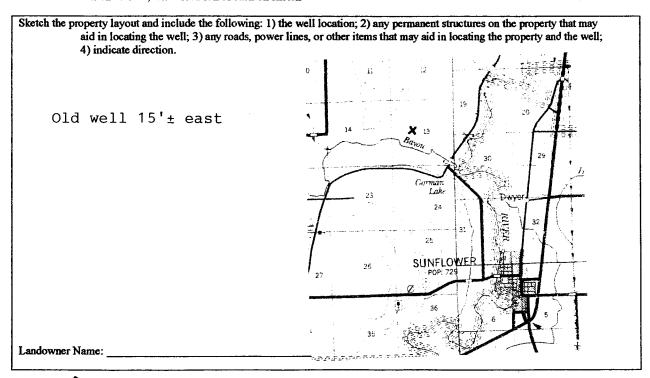
30 days of completion of drilling of the well.			
Well Owner Information	Well Location		
Owner Name_ Arrow Brook/Sunflower Farm	Latitude:°' Longitude:°"		
Mailing Address: Box 98	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	SE 1/4 NW 1/4 Sec 13 Twn 20N Rng 4W		
Inverness MS 38753	Wn Rng		
City State Zip Code	Distance Direction Nearest Town		
662-265-5209	3 Miles NW of Sunflower		
Telephone No. ()			
Well I	Data		
	(Irrigation) Fish Culture Replacement		
Purpose of Well (circle one) Home Industrial Public Supply			
Date well drilling started: 3-16-07 Date well drilling completed: 3-16-07			
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 44' feet above or below (circle one) I	and surface Date measured: 3-17-07		
Method of Measurement (circle one) steel tape electric tape	air line other:		
	· · · · · · · · · · · · · · · · · · ·		
Hole depth: 125 Well depth: 125	Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 85 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	86 feet to <u>125</u> 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	Patrol m Q		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

K-

Ground Level

Description of Formations Encountered	From	To
Clay	0	70
Coarse Sand	71	85
Coarse Sand Coarse Sand/Gravel	86	115
Gravel	116	125
		-
	<b></b>	
	,	

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT				
County: Sunflower Permit#: (:::::::::::::::::::::::::::::::::::	Pump Installer's Mississippi Departmen	es Completion Report  at of Environmental Quality  and Water Resources  For Office Use Only:  Aquifer:		
Irrigation Equipment Driller:  Date completed: 3-16-07	Jackson, N (601)	Box 10631 MS 39289-0631 )961-5210 64-6938 (fax)  Well #: K-/22  Elevation:		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Well Owner Informati	Well Owner Information Well Location  Arrow Brook/Sunflower Farm			
Owner Name:		Latitude: Longitude:		
Mailing Address: Box 98		Method of Lat/Long (circle one): Conventional Survey,		
_	7	USGS quad, Hand-held GPS, Survey-grade GFS		
Inverness M	S 38753	* -		
City State		¼¼ Sec13_Twn20N <sub>Rng</sub> 4W		
662-265-5209	•	Distance Direction Nearest Town		
Telephone No. ()		3 Miles NW of Sunflower		
Bucket Piston  Centrifugal Rotary  Other (specify):		Power Type Circle one  Diesel Engine Gasoline Engine Natural Gas  Electric Motor Hand Tractor PTO  Windmill Other (specify):  Horse Power Rating of Motor: 40		
Date Pump Installed: 3-1	7-07	Setting Depth: 70 feet		
Rated Pump Capacity: 1800±	Gallons Per Minute	Number of Stages: 2		
Pump Test Data  Date Well Tested:		Method of Measuring Water Level Circle one		
	tatic Water Level (A): Feet Below Land Surface Air Line Electric Measuring Line Steel Tape			
	Pumping Water Level (B):Feet Below Land Surface Other (specify):			
Drawdown [(B)-(A)]:Feet H	Iclow Land Surface	For flowing well, measured slut 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 afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my Rhowledge.  Patrick M. Chism 0695  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

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