

# 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-176  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: GW40178  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-28-05

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>Diversified Farms</u>               | Latitude: <u>33</u> ° <u>30</u> ' <u>33</u> " Longitude: <u>90</u> ° <u>30</u> ' <u>40.9</u> "  |
| Mailing Address: <u>c/o Fischer Farm Services</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS |
| <u>Box 926</u>                                    | <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>33</u> Twn <u>20N</u> Rng <u>3W</u>  |
| <u>Aberdeen, MS 39730</u>                         | Distance <u>2</u> Miles Direction <u>NE</u> of Nearest Town <u>Sunflower</u>  |
| City State Zip Code                               |   |
| Telephone No. <u>(662-369-9531)</u>               |   |

**Well Data**

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

Date well drilling started: 4-28-05 Date well drilling completed: 4-28-05

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

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 4-30-05

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

Hole depth: 127' Well depth: 127' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 87 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 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 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

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Signature of Water Well Contractor Patrick M Chism

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BY: OLWR



# 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-30-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-176  
 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 Information   | Well Location  |
|--|--|
| Owner Name: <u>Diversified Farms</u><br>Mailing Address: <u>c/o Fischer Farm Services</u><br><u>Box 926</u><br><u>Aberdeen, MS 39730</u><br>City State Zip Code<br>Telephone No. ( ) <u>662-369-9531</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <u>Conventional Survey</u> ,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>SE 1/4 NW 1/4 Sec 33 Twn 20N Rng 3W</u><br>Distance Direction Nearest Town<br><u>2 Miles NE of Sunflower</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/><br>Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/><br>Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/><br>Other (specify): _____<br>Date Pump Installed: <u>4-30-05</u><br>Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/><br><u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/><br>Windmill <input type="checkbox"/> Other (specify): _____<br>Horse Power Rating of Motor: <u>60</u><br>Setting Depth: <u>70</u> feet<br>Number of Stages: <u>1</u> |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____<br>Static Water Level (A): _____ Feet Below Land Surface<br>Pumping Water Level (B): _____ Feet Below Land Surface<br>Drawdown [(B) - (A)]: _____ Feet Below Land Surface<br>Test Pumping Rate: _____ Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/><br>Other (specify): _____<br>For flowing well, measured shut in head: _____ feet<br>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

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MAY 19 2005

BY: OLWR