	State W	ell Report	
County: Sunflower	•	art 1	For Office Use Only:
County: Sunflower		of Environmental Quality	Aquifer:
Permit #:		nd Water Resources	Well #:
Irrigation Equipment	P.O. B	ox 10631	
Driller:	Jackson, M	S 39289-0631	L. S. Elevation:
Date drilling completed:	(601)9	061-5210	F.1#-
	(601)354	-6938 (fax)	E-log #:
State Law requires that this rep	art he prepared by the	driller in detail and filed w	ith the Department within
30 days of completion of drilling	of the well.	uillioi ili wowii uiu iii i	
Well Owner Informa		Wel	Location 29
	1	33 . 37 . 56	N. 90, 26, 24N
Owner Name Mike Hammer	S	Latitude:	N Longitude: 90, 26, 24N
2926 Hwy. 49W Mailing Address:		Method of Lat/Long (circle or	i I
			GPS, Survey-grade GPS
		SE 1/4 SE 1/4 Sec 3 Twn 20N Rng 3W	
Doddsville.	MS 38736		
<u>Doddsville,</u> City S ta	te Zip Code	Distance Direction	Nearest Town
662-756-257	'5	Miles NE	of Braine
Telephone No. ()			
	Well I	Data	
	Institut - Dublic Consoler	rigation Fish Culture	Other:
Purpose of Well (circle one) Home Inc			
Date well drilling started: $10-14-0$	Date v	vell drilling completed:1	0-14-05
If flowing, method of flow regulation: Va			
Static Water Level:54'feet a			i
Method of Measurement (circle one)	steel tape electric tape	air line other:	
Hole depth: 136 Well de	epth: 136	Well grouted to a depth of _	1 () feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 96 feet Cas		inches Two of casing P	VC Sch 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40			
Screen slot size:			
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.

0695

Irrigation Equipment Inc.

Patrick M. Chism

Print Name of Water Well Contractor and License No.

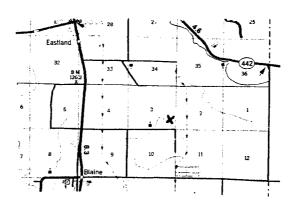
Signature of Water Well Contractor

Ground Level

Description of Formations Encountered	From	To_
Clav	0	24
Fine Sand Fine Sand/gravel Med. Sand/gravel	25	35
Fine Sand/gravel	- 38 -	47
Med. Sand/gravel	48	36
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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:	
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Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Sunflower Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources County: Permit #: Irrigation Equipment P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:			
Aquifer:			
Well #:	1.179		
Elevation:			

Date completed: 10-17-05	(60	1)961-5210 554-6938 (fax)	Eleva	ition:
This report should be prepared installation of pump.	by the pump installer in de	tail and filed with th	ne Department with	in 30 days of the
Well Owner Info	rmation	1	Well Locat	ion
Owner Name: Mike Hamme		Latitude:	Longit	ude:
Mailing Address: 2926 Hwy. 4	19W	Method of Lat/Lo	ong (circle one): Con	nventional Survey,
		USGS	quad, Hand-held G	PS, Survey-grade GPS
Doddsvill	e, MS 38736	SE ¼ SE	14 Sec 3 Tw	20N _{Rng} 3W
City Sta	ate Zip Code			arest Town
Telephone No. (575	i _	NE of B1	
Pump Typ Circle one			Power Ty Circle on	-
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engir	ne Natural Gas
Bucket Piston	urbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):
Other (specify):		Horse Power Rati	ing of Motor:6	0
Date Pump Installed: 10-17-05		I.	80	
Rated Pump Capacity: 2500-3000 Gallons Per Minute		Number of Stages	_	
Pump Test D	rata	M	ethod of Measuring Circle on	
Date Well Tested:		Air Line	Electric Measuring I	Line Steel Tape
Static Water Level (A):	Feet Below Land Surface		•	•
Pumping Water Level (B):I	Feet Below Land Surface	Otner (specify): _		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well,	measured shut in he	ad: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
Duration of Pump Test (minimum 4 ho	urs):hours			nous or pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
I HEREBY CERTIFY that the above statements are true to the best Patrick M. Chism 0695	Vah Mch
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED