

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-186
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW41110
Irrigation Equipment
Driller: _____
Date drilling completed: 5-30-06

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>Holly Ridge Ranch</u>	Latitude: <u>33 36 40.7</u> " Longitude: <u>90 27 55.6</u> .
Mailing Address: <u>P.O. Drawer 1200</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ,
<u>Indianola MS 38751</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 12 Twn 20N Rng 3W</u>
Telephone No. (<u>662-887-6299</u>)	Distance Direction Nearest Town
	<u>4 Miles East of Blaine</u>

Well Data		PondW13
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> replacement		
Date well drilling started: <u>5-30-06</u>	Date well drilling completed: <u>5-30-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>59'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>5-31-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
Hole depth: <u>122</u> Well depth: <u>122</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix		
Casing length: <u>82</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>		
Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>119</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

Patrick M. Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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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: 5-30-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 4-186
 Elevation: _____

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.

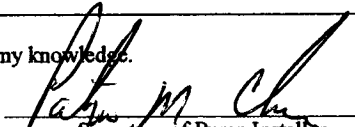
Well Owner Information	Well Location
Owner Name: <u>Holly Ridge Ranch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Drawer 1200</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Indianola</u> MS <u>38751</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 SW 1/4 Sec 12 T 20N R 3W
Telephone No. (____) <u>662-887-6299</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>East</u> of <u>Blaine</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-31-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

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)


 Signature of Pump Installer

Form: OLWR-SWR-1B

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JUN 13 2006

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