

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)

County: Sunflower
 Permit #: GW 41275
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-25-06

For Office Use Only:

Aquifer: _____
 Well #: L-192
 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.

Well Owner Information	Well Location
Owner Name: <u>Morgan Farms</u>	Latitude: <u>33.3351.0</u> Longitude: <u>90.2914.2</u>
Mailing Address: <u>Box 369</u>	Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>14</u>
<u>Cleveland MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>35</u> Twn <u>20N</u> Rng <u>3W</u>
Telephone No. (____) _____	Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>Sunflower</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Replacement Other: GW 12764
 Date well drilling started: 7-25-06 Date well drilling completed: 7-25-06
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 57' feet above or below (circle one) land surface Date measured: 7-26-06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 84 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 _____ feet to _____ 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
AUG 07 2006
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 #: OLW 41275
 Irrigation Equipment
 Driller: _____
 Date completed: 7-25-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-192
 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>Morgan Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 369</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>35</u> T <u>20N</u> R <u>3W</u>
<u>662-843-9714</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>NE</u> of <u>Sunflower</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> 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>7-26-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	Number of Stages: <u>1</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 Patrick M. Chism

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 Form: OLWR-SWR-1806
 AUG 07 2006
 BY: OLWR