

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-199
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 6W41756
Irrigation Equipment
Driller: _____
Date drilling completed: 4-12-07

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>33.37.06.5</u>	Longitude: <u>90.27.23.5</u>	
Mailing Address: <u>Box 1200</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Indianola MS 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 12 Twn 20N Rng 3W</u>		
Telephone No. (<u>662-887-6299</u>)	Distance <u>4</u> Miles	Direction <u>EAST</u> of	Nearest Town <u>Blaine</u>

Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Replacement</u>	Pmd 26+27		
Date well drilling started: <u>4-12-07</u>	Date well drilling completed: <u>4-12-07</u>	GW4410	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>57</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>4-12-07</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>152</u> Well depth: <u>152</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u> Bentonite </u> Mix			
Casing length: <u>62</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC sch. 40</u>		
Screen length: <u>80</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>63</u> feet to <u>142</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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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MAY 10 2007
BY: OLWR

If well telescopes please sketch below and show depths.

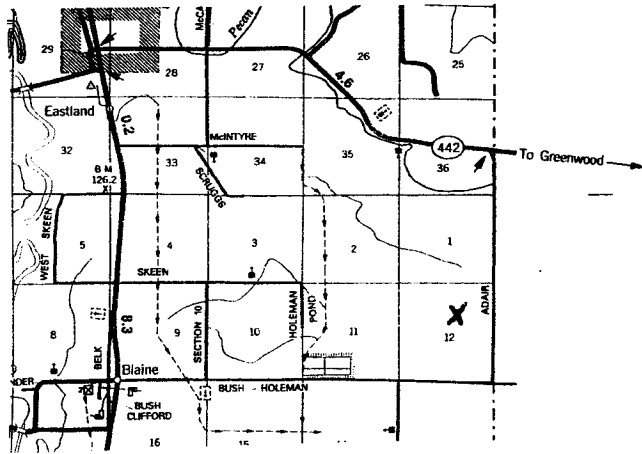
L-...

Ground Level

Description of Formations Encountered	From	To
Clay	0	31
Fine sand	32	35
Fine sand + gravel	36	45
Medium sand + gravel	46	101
Fine sand	102	149
Clay	150	152
.050 63-102		
.032 103-142		

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: _____

Patricia M. C.
Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____
 Well #: L-199
 Elevation: _____

County: Sunflower
 Permit #: 6W41756
 Driller: Irrigation Equipment
 Date completed: 4-12-07

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>Holly Ridge Ranch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 1200</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Indianola MS 38751</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>20N</u> Rng <u>3W</u>
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 Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>4-12-07</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2200±</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 Electric Measuring Line Steel Tape
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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 10 2007
 BY: OLWF