

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-203
L. S. Elevation:
E-log #:

County: Sunflower
Permit #: GW 41889
Irrigation Equipment
Driller:
Date drilling completed: 6-21-07

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: Dycbe Plantation, 397 Blaine Rd, Sunflower Ms. 38778
Well Location: Latitude: 33.36289, Longitude: 90.31374, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 17, Twn 20N, Rng 3W, Distance 4 Miles, Direction N, Nearest Town Sunflower

Well Data: Purpose of Well: Irrigation, Fish Culture, Other Replacement; Date well drilling started: 6-21-07, Date well drilling completed: 6-21-07; Static Water Level: 55 feet above or below land surface; Method of Measurement: steel tape; Hole depth: 128, Well depth: 128, Well grouted to a depth of 10 feet; Type of grout: Bentonite; Casing length: 88 feet, Casing diameter: 16 inches, Type of casing: PVC; Screen length: 40 feet, Screen diameter: 16 inches, Type of screen: PVC; Screen slot size: .050 inches, Setting depth: From 89 feet to 128 feet; Type of completion: Gravel packed; Top of lap pipe or reduction in casing: feet; Logs run: No log run

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

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JUN 29 2007
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)

For Office Use Only:

Aquifer: _____

Well #: L-203

Elevation: _____

County: Sunflower
 Permit #: 60W 41889
 Driller: _____
 Date completed: 6-21-07

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>Dyche Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>397 Blaine Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sunflower Ms. 38778</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 17 Twn 20N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles N of Sunflower</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>60</u>
Date Pump Installed: <u>6-21-07</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2300 ±</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 _____ 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]
Signature of Pump Installer

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JUN 29 2007

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