

# 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 #: 600424004  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-15-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: W-206  
 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>Three M Farms</u>	Latitude: <u>33.34.72.5</u> Longitude: <u>90.27.40.7</u>
Mailing Address: <u>309 Morgan Romine Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Sunflower</u> Ms. <u>38778</u>	<u>SE 1/4 SE 1/4 Sec 24</u> Twn <u>20N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 721-7461</u>	<u>5</u> Miles <u>NE</u> of <u>Sunflower</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply  Irrigation Fish Culture  Other: replacement

Date well drilling started: 4-15-08 Date well drilling completed: 4-15-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 57 feet above or  below (circle one) land surface Date measured: 4-17-08

Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 97 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 see back 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

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor [Signature]

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L 206

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Medium Sand	38	47
Course Sand + Gravel	48	62
Medium Sand + Gravel	63	72
Course Sand + Gravel	73	107
Medium Sand + Gravel	108	117
Course Sand + Gravel	118	137
Screen .050		
88-107 20'		
118-137 20'		

- Blanked

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: Three M. Farms

Signature of Water Well Contractor

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# 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 #: 00042444  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4-15-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-206  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

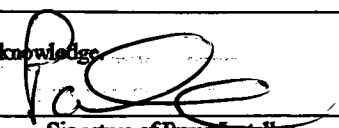
Well Owner Information	Well Location
Owner Name: <u>Three M. Farms</u> Mailing Address: <u>309 Morgan Romine Rd.</u>  <u>Sunflower Ms. 38778</u> <small>City State Zip Code</small> Telephone No. <u>(662) 721-7461</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec 24 Twn 20N Rng 3W</u> Distance Direction Nearest Town <u>5 Miles NE of Sunflower</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>4-17-08</u> Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

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

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

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