

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-209
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 6-4-08

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>Fenn Farms</u>	Latitude: <u>33° 36' 57.3"</u> Longitude: <u>90° 28' 57.8"</u>
Mailing Address: <u>P.O. Box 5276</u>	Method of Lat/Long (circle one): <u>57</u> Conventional Survey, <u>58</u>
<u>Granbury Tx 76049</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 11 Twn 20N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Blaine</u>

Well Data

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

Date well drilling started: 6-4-08 Date well drilling completed: 6-4-08

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

Static Water Level: 56 feet above or below (circle one) land surface Date measured: 6-5-08

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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 78 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

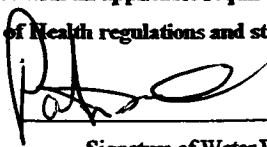
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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 

RECEIVED
JUN 24 2008
BY: OLWR

L-209

If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	44
Fine Sand + Gravel	45	49
Medium Sand + Gravel	50	114
Clay	115	117

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: Fenn Farms


Signature of Water Well Contractor

RECEIVED
JUN 24 2008
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: 6-4-08

For Office Use Only:

Aquifer: _____
Well #: L-209
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>Fenn Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5276</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Granbury Tx 76049</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 11 Twn 20N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles NE of Blaine</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-5-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1800 ±</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 Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

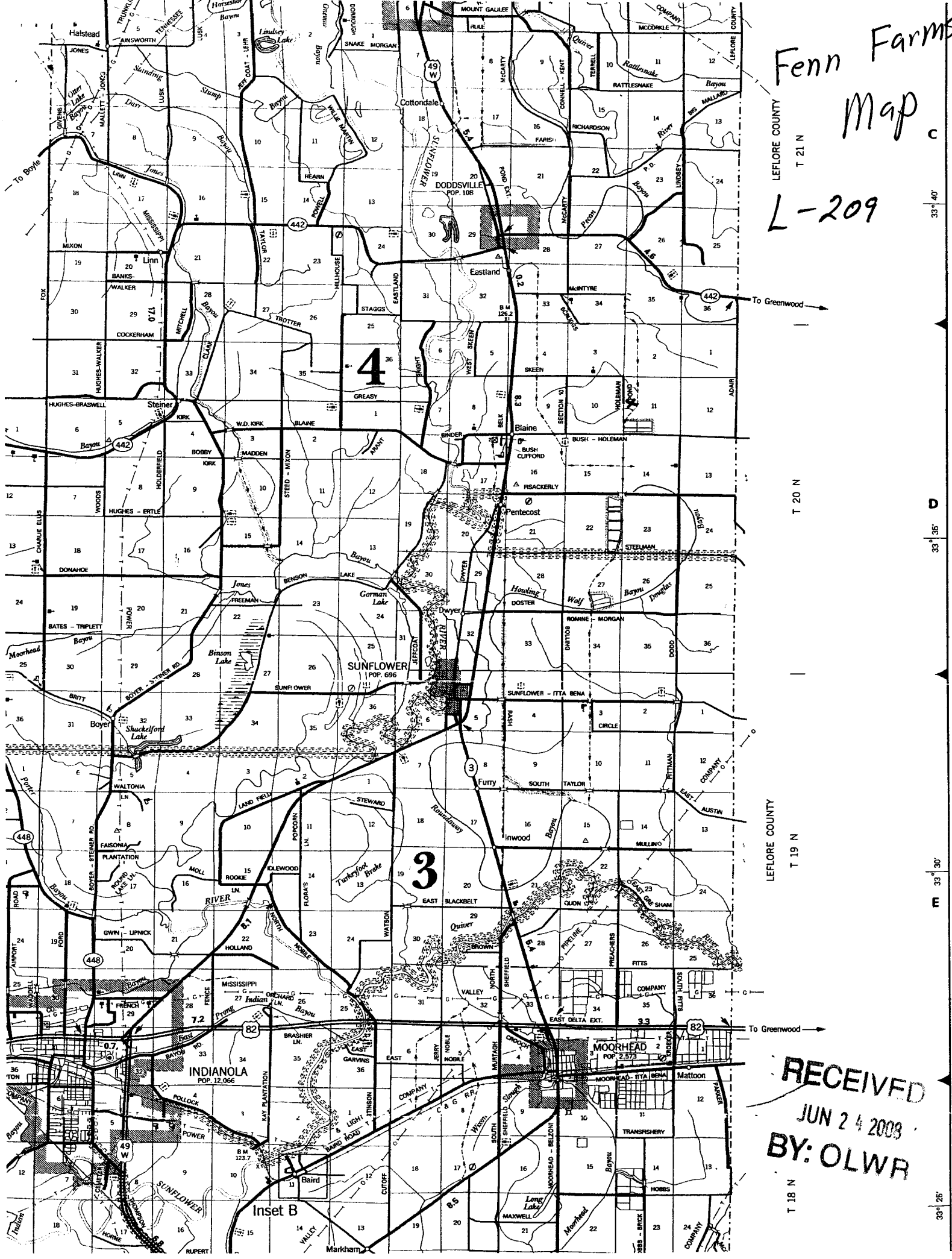
RECEIVED

JUN 24 2008

BY: OLWR

Fenn Farms
Map

L-209



LEFLORE COUNTY

T 21 N

33° 40'

T 20 N

D

33° 35'

LEFLORE COUNTY

T 19 N

F

33° 30'

T 18 N

33° 25'

RECEIVED
JUN 24 2008
BY: OLWR

Inset B