

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 #: GW42855
Irrigation Equipment
Driller:
Date drilling completed: 9-8-08

For Office Use Only:

Aquifer:
Well #: L-213
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>Live Oaks Planting Co.</u>	Latitude: <u>33° 33' 40.3"</u> Longitude: <u>90° 32' 19.4"</u>
Mailing Address: <u>23939 County Rd 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Schlater Ms. 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 32 Twn 20N Rng 3W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>1 Miles N of Sunflower</u>

Well Data

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

Date well drilling started: 9-8-08 Date well drilling completed: 9-8-08

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

Static Water Level: 54 feet above of below (circle one) land surface Date measured: 9-9-08

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

Hole depth: 139 Well depth: 139 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 79 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 139 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

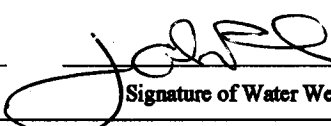
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

RECEIVED
SEP 19 2008
BY: OLWR

