

County: Sunflower  
 Permit #: 0043347  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 7-2-09

# 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 218  
 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' 10"</u>   | Longitude: <u>90° 27' 51"</u>               |                     |
| Mailing Address: <u>309 Morgan Romine Rd</u>   | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |   |                     |
| <u>Sunflower</u> Ms. <u>38778</u>  | <u>NE 1/4 SW 1/4 Sec 25 Twp 20N Rng 3W</u>   |   |                     |
| City State Zip Code  | Distance   | Direction                                   | Nearest Town        |
| Telephone No. <u>662-721-6422</u>  | <u>5</u> Miles   | <u>NE</u>                                   | of <u>Sunflower</u> |
| Well Data <u>Old Well 16" Steel 18' South</u>  |  |   |                     |
| Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture <input checked="" type="radio"/> Other <u>Replacement</u>  |  |   |                     |
| Date well drilling started: <u>7-2-09</u>  |  | Date well drilling completed: <u>7-2-09</u> |                     |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____  |  |   |                     |
| Static Water Level: <u>58'</u> feet above or <input checked="" type="radio"/> below (circle one) land surface  |  | Date measured: <u>7-3-09</u>                |                     |
| Method of Measurement (circle one) <input checked="" type="radio"/> steel tape electric tape air line other: _____   |  |   |                     |
| Hole depth: <u>127</u>   | Well depth: <u>127</u>   | Well grouted to a depth of <u>10</u> feet   |                     |
| Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite Mix  |  |   |                     |
| Casing length: <u>87</u> feet  | Casing diameter: <u>16</u> inches  | Type of casing: <u>PVC</u>                  |                     |
| Screen length: <u>40</u> feet  | Screen diameter: <u>16</u> inches  | Type of screen: <u>PVC</u>                  |                     |
| Screen slot size: <u>.050</u> inches   | Setting depth: From <u>88</u> feet to <u>127</u> feet  |   |                     |
| Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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) <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.<br>John P. Chism 0439  |  | <u>John P. Chism</u>                        |                     |
| Print Name of Water Well Contractor and License No.  |  | Signature of Water Well Contractor          |                     |

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 JUL 15 2009  
 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 #: 61043-347  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-2-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L 218  
 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>                  | Latitude: <u>33° 34' 10"</u> Longitude: <u>90° 27' 51"</u>  |
| Mailing Address: <u>309 Morgan Romine Rd</u>      | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Sunflower Ms. 38778</u><br>City State Zip Code | <u>NE 1/4 SW 1/4 Sec 25 Twn 20N Rng 3W</u>  |
| Telephone No. ( ) _____                           | Distance Direction Nearest Town<br><u>5</u> Miles <u>NE</u> of <u>Sunflower</u>                     |

| Pump Type<br>Circle one                             | Power Type<br>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>7-3-09</u>                  | Setting Depth: <u>80</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<br>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.

John P. Chism 0439  
 Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
 Signature of Pump Installer

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JUL 15 2009

BY: OLWR