

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 #: M-130
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW 43087
Irrigation Equipment
Driller: _____
Date drilling completed: 3/9/09

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>First Trade Channel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>525 Fairview Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenville Ms. 38701</u>	<u>SE 1/4 SW 1/4 Sec 13 Twn 19N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 335-0792</u>	<u>2 Miles NW of Indianola</u>
Well Data: <u>Old well 8" steel 20' East</u>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other Replacement</u>	
Date well drilling started: <u>3/9/09</u> Date well drilling completed: <u>3/9/09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>34</u> feet above or below (circle one) land surface Date measured: <u>3/10/09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>144</u> Well depth: <u>144</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>104</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>105</u> feet to <u>144</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

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If well telescopes please sketch below and show depths.

M-130

Ground Level

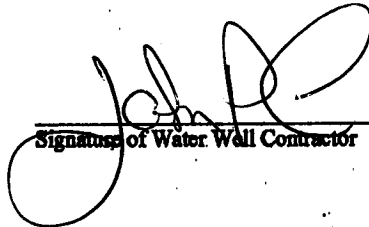
6W43087

Description of Formations Encountered	From	To
Clay	0	24
Fine Sand	25	38
Fine Sand + Gravel	39	51
Medium Sand + Gravel	52	60
Fine Sand + Gravel	61	82
Clay	83	93
Fine Sand	94	100
Medium Sand + Gravel	101	144

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: First Trade Channel



 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 #: GW43087
Irrigation Equipment
Driller: _____
Date completed: 3/9/09

For Office Use Only:

Aquifer: _____
Well #: M-130
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>First Trade Channel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>525 Fairview Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenville Ms. 38701</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 13 Twn 19N Rng 5W</u>
Telephone No. <u>(662) 335-0792</u>	Distance Direction Nearest Town <u>2 Miles NW of Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>3/10/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>1</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.

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

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