2	State We	ll Report	· · ·
County:Sunflower		n Report	For Office Use Only:
	f	of Environmental Quality	Aquifer:
Permit # <u>U</u> - 398 <u></u> Irrigation Equipment	Office of Land an	d Water Resources	Well #: <u>N-131</u>
Driller:	· (x 10631 39289-0631	•
Date drilling completed: $9 - 27 - 04$		51-5210	L. S. Elevation:
		6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the d	riller in detail and filed v	with the Department within
Well Owner Inform		We	al Location
OwnerNameLancaster Pla			N 90 36 24W Longitude:
Mailing Address: 153 Landfield	l Road	Method of Lat/Long (circle o	one): Conventional Survey,
		USGS quad, Hand-hel	d GPS, Survey-grade GPS
Sunflower, MS	38778	SW 14 SW 14 Sec 10	
•	ate Zip Code	A A Su	I wu Kug
662-887-1435 Telephone No. ()	I.	Distance Direction <u>4</u> Miles SW	Nearest Town of Sunflower
	Well Da		
Purpose of Well (circle one) Home Ind		Irrigation Fish Culture	Replacement
Date well drilling started:9-27-0) 4 Date we	Il drilling completed: $\frac{9-2}{2}$	7-04
If flowing, method of flow regulation: Va	lve Other (des	cribe)	
Static Water Level:34 'feet at	ove or below (circle one) lar	id surface Date measured:	9-30-04
Method of Measurement (circle one)			
Hole depth: <u>125'</u> Well de		Well grouted to a depth of	
Type of grout (circle one): Cement	Bentonite Mix	• •	
Casing length: <u>85</u> feet Casin	ng diameter:10	inches Type of casing:	160 PVC
Screen length: <u>40</u> feet Scree	en diameter: <u>10</u>	_inches Type of screen: _	160 PVC
Screen slot size:inches	Setting depth: From		125
Type of completion (circle all applicable):			n hole Natural Development
•	Other (describe):		· · · ·
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one sci	reen, describe on back of page
Logs run (circle all applicable): No log ru	n Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s):			
l certify that the well was drilled, constr	ucted, and completed in acc	ordance with all applicable	
Department of Environmental Quality a Irrigation Equipmen	nd/or the Mississippi Depar	tment of Health regulation	s and state laws.
	695	P+1.	a al
		ahich 1	1. Chisa
Print Name of Water Well Contractor and	License No.	Signature o	of Water Well Contractor
	······································	· · · · · · · · · · · · · · · · · · ·	
			RECEIVED
· ·			OCT 1 1 2004
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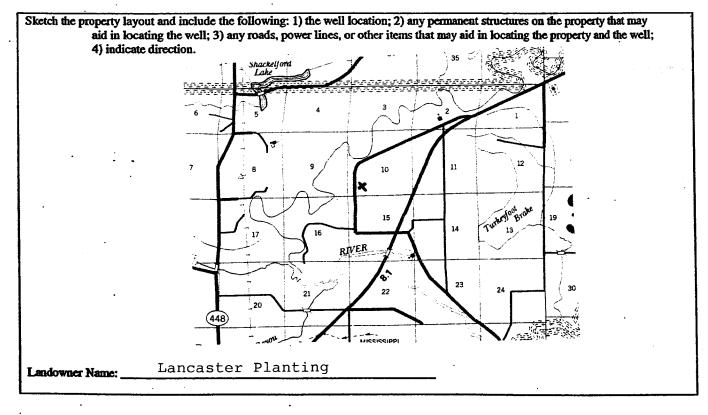
If well telescopes please sketch below and show depths.

Ground Level

N	-	(3	١
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Description of Formations Encountered	From	То
Clay .	0	25
Fine Sand	26	55
Fine Sand/gravel	56 .	70
MedSand/gravel	71	125
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

County:Sunflowe Permit #: COU 3 Irrigation E Driller: Date completed:9-3	98/6 quipment 0-04	STATE WI P Pump Installer' Mississippi Departmen Office of Land P.O. J Jackson, N (601)	For Aquifer: Well #: / Elevation:	Office Use Only: $\sqrt{-}31$	
installation of pump.	• •	e pump installer in det:	il and filed with the Do	epartment within 30	days of the
Well	Owner Informati	on	Well Location		
Owner Name: Lan	caster Pl	<u>anting</u> Co.	Latitude:	Longitude:	
Mailing Address: 153	Landfiel	<u>d Road</u>	Method of Lat/Long (USGS qua	(circle one): Convent	
Sun	flower, N	15 38778	SW 1/4 SW 1/4	-	
City	State				
662-88 Telephone No. ()	37-1435			ection Nearest	
Pum p 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	of Motor: 15	
Date Pump Installed: $9-30-04$			Setting Depth:	80	
Rated Pump Capacity:		Gallons Per Minute	Number of Stages:	1	
Pump Test Data		Metho	od of Measuring Wa Circle one	ter Level	
Date Well Tested:		Air Line Elec Other (specify):	ctric Measuring Line	Steel Tape	
Pumping Water Levei (B):	Feet I	Below Land Surface	Outer (specify):		
Drawdown [(B) - (A)]:	Feet]	Below Land Surface	For flowing well, mea	asured shut in head: _	feet
Test Pumping Rate:		Gallons Per Minute	Well yielded	GPM with	a drawdown of
Duration of Pump Test (m			fee	et after	_hours of pumping
I HEREBY CERTIFY that Patrick Print Name of Pump Instal	M. Chism	0695	Patrich	M Chin Pump Installer	\sim

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> RECEIVED OCT 1 1 2004 BY: OLWR