

# State Well Report

## Part I

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: N192  
Well #: ~~Q-168~~  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6W41912  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-30-07

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>Failing Farms</u>	Latitude: <u>33.27.07.3</u> Longitude: <u>90.37.39.6</u>
Mailing Address: <u>1408 Bayou Drive</u>	<u>07.8</u> <u>39.9</u>
<u>Indianola</u> <u>Ms.</u> <u>38751</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>NW 1/4 SW 1/4 Sec 33</u> Twn <u>18N</u> Rng <u>4W</u>
	<u>NE</u> <u>SE</u> <u>32</u> <u>19N</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>E</u> of <u>Indianola</u>

Well Data

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

Date well drilling started: 6-30-07 Date well drilling completed: 6-30-07

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

Static Water Level: 38 feet above of below (circle one) land surface Date measured: 6-30-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 <sup>total</sup> 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 <sup>total</sup> 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 72 - 92 feet to 107 - 127 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

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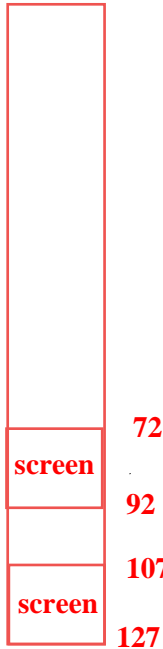
BY: OLWR

~~Q 168~~

EW41912

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay	0	22
Fine Sand	22	35
Fine Sand + Gravel	35	49
Medium Sand + Gravel	49	92
Fine Sand + Gravel	92	99
Medium Sand + Gravel	99	125
Clay	125	127
Screen	72 - 92	
Screen	107 - 127	

Blanked 15'

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: Failing Farms

*Patton*  
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)

**For Office Use Only:**

Acquifer: N192

Well #: ~~Q 168~~

Elevation: \_\_\_\_\_

County: Sunflower  
Permit #: QW4912  
Driller: Irrigation Equipment  
Date completed: 6-30-07

**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>Failing Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1408 Bayou Drive</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Indianola Ms. 38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW ¼ SW ¼ Sec 33 Twn 18N Rng 4W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1 Miles E of Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <b>Turbine</b>	<b>Electric Motor</b> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>6-30-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3500 ±</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

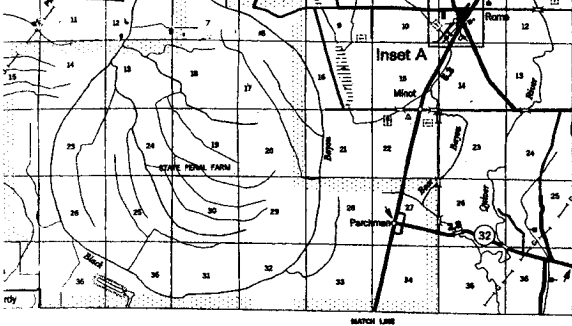
Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
Signature of Pump Installer

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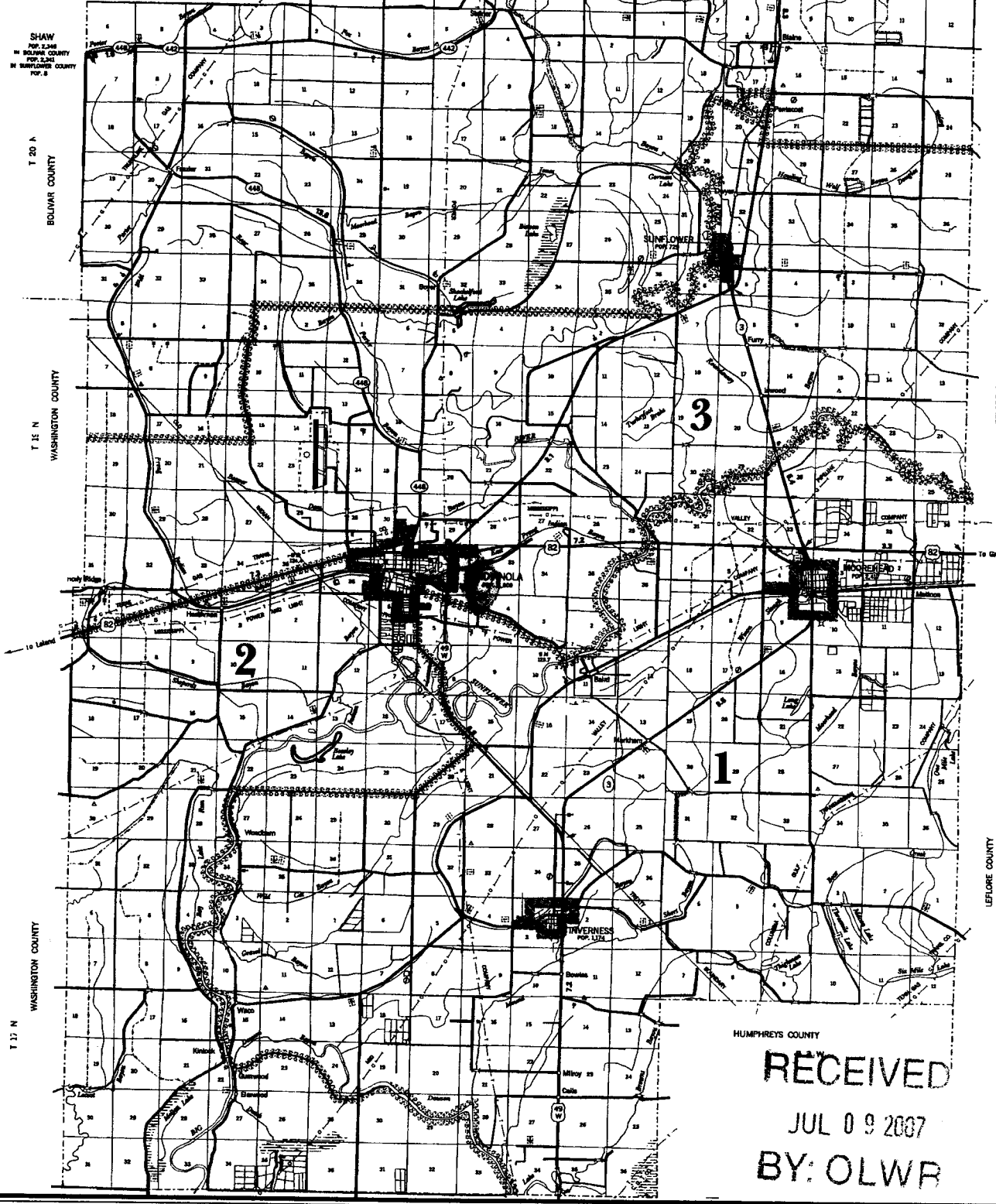
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EW4912  
N192

# Failing Farms Map™



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