County: Sunflower  Permit #: 6 39794  Irrigation Equipment  Driller: 9-16-04	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:
State Law requires that this rep 30 days of completion of drilling		driller in detail and filed w	rith the Department within
Well Owner Informa	ation		Location
Owner Name Parker Broth	iers	Latitude: 33 32 391	N 90 33 14W Longitude:
Mailing Address: 558 N. Marti	n Luther	Method of Lat/Long (circle or	ne): Conventional Survey,
King Jr. St.		USGS quad. Hand-held	GPS, Survey-grade GPS
Sunflower, M	1S 38778	SW 14 NW 14 Sec 6	, ,
City Sta 662-569-3326  Telephone No. ()	ate Zip Code	Distance Direction  1 Miles West	Nearest Town
	Well I	Data	
Purpose of Well (circle one) Home Inc			
Date well drilling started:	.16-04 Date	well drilling completed:	9-16-04
If flowing, method of flow regulation: Va			
Static Water Level: 42 feet al			
Method of Measurement (circle one)		air line other:	
Hole depth: 117' Well de	pth:117'	_ Well grouted to a depth of _	1 0 feet
·	Rentonite Mix	_	
	ing diameter: 16	PV(inches Type of casing:	
Screen length: 40 feet Screen		inches Type of screen:	C Sch.40
Screen slot size: • 050	Setting death: Prom		

Underreamed Telescoped Open hole

Natural Development

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

Name of organization running log(s):

Gravel packed

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

Type of completion (circle all applicable):

Print Name of Water Well Contractor and License No.

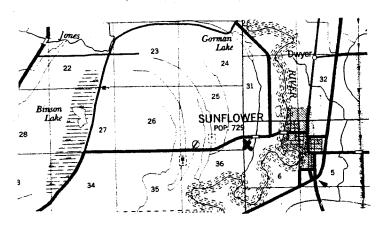
Signature of Water Well Contractor

Ground Level	0-171
	1

	cription of Formations Encountered	1	From	To
Clay			0	24
	Sand		25	35
<u>Fine</u>	Sand/gravel		36	55
Med.	Sand/gravel		56	117
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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: \_

Parker Brothers

Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

Sunflower

County:

Permit #:

Irrigation Equipment

Driller:

Date completed: 9-24-04

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

For Office Use Only:		
Aquifer:		
Well #: 9-17/		
Elevation:		

Date completed: $9-24-04$	(601)961-3210 (601)354-6938 (fax)				
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: Parker Brothers	Latitude:Longitude:				
Mailing Address: 558 N. Martin Luth	Method of Lat/Long (circle one): Conventional Survey,				
King Jr. St.	USGS quad, Hand-held GPS, Survey-grade GPS				
Sunflower, MS 387 City State Zip C	778 SW 1/4 NW 1/4 Sec 6 Twn 19N Rng 3W				
•	Distance Direction Nearest Town				
662-569-3326 Telephone No. ()	1Miles West of Sunflower				
Pump Type Circle one	Power Type Circle one				
Air Lift Jet Submersibl	e Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing W	Vell Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor: 40				
Date Pump Installed: 9-24-04	Setting Depth: 70 feet				
Rated Pump Capacity: 2000 Gallons Per	Minute Number of Stages: 2				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested:	Air Line Flectric Measuring Line (Steel Tane)				
Static Water Level (A): 42' Feet Below Land	Surface Other (specify):				
Pumping Water Level (B):Feet Below Land S	Surface				
Drawdown [(B) - (A)]:Feet Below Land	Surface For flowing well, measured shut in head:feet				
Test Pumping Rate:Gallons Per Minute					
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping					

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge. /) / /	
Patrick M. Chism 0695	Vatues M	Chism
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	