

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:

County: Sunflower
Permit #: 6W 41802
Irrigation Equipment
Driller: _____
Date drilling completed: 4-21-07

Aquifer: _____
Well #: Q-166
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>Failing Farms</u>	Latitude: <u>33° 26' 35.7"</u> Longitude: <u>90° 37' 45.5"</u>
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>SW 1/4 NE 1/4 Sec 5 Twn 18N Rng 4W</u>
Telephone No. <u>(662) 207-7055</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>Indianola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-21-07 Date well drilling completed: 4-21-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 32 feet above or below (circle one) land surface Date measured: 4-21-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC Sch 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch 40
Screen slot size: .050 inches Setting depth: From 83 feet to 122 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.

Patrick M. Chism
Signature of Water Well Contractor

GW41802

Q-166

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand + Gravel	36	49
Medium Sand + Gravel	50	122

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

Palm M.C.
 Signature of Water Well Contractor

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 #: 6W4802
 Irrigation Equipment
 Driller: _____
 Date completed: 4-21-07

For Office Use Only:

Aquifer: _____
 Well #: Q-166
 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>Failing Farms</u> Mailing Address: <u>1408 Bayou Drive</u> <u>Indianola, Ms. 38751</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW ¼ NE ¼ Sec 5 Twn 18N Rng 4W</u> Distance Direction Nearest Town <u>1 Miles S of Indianola</u>
Telephone No. <u>(662) 207-7055</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>50</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>4-24-07</u> Rated Pump Capacity: <u>2200 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)


 Signature of Pump Installer

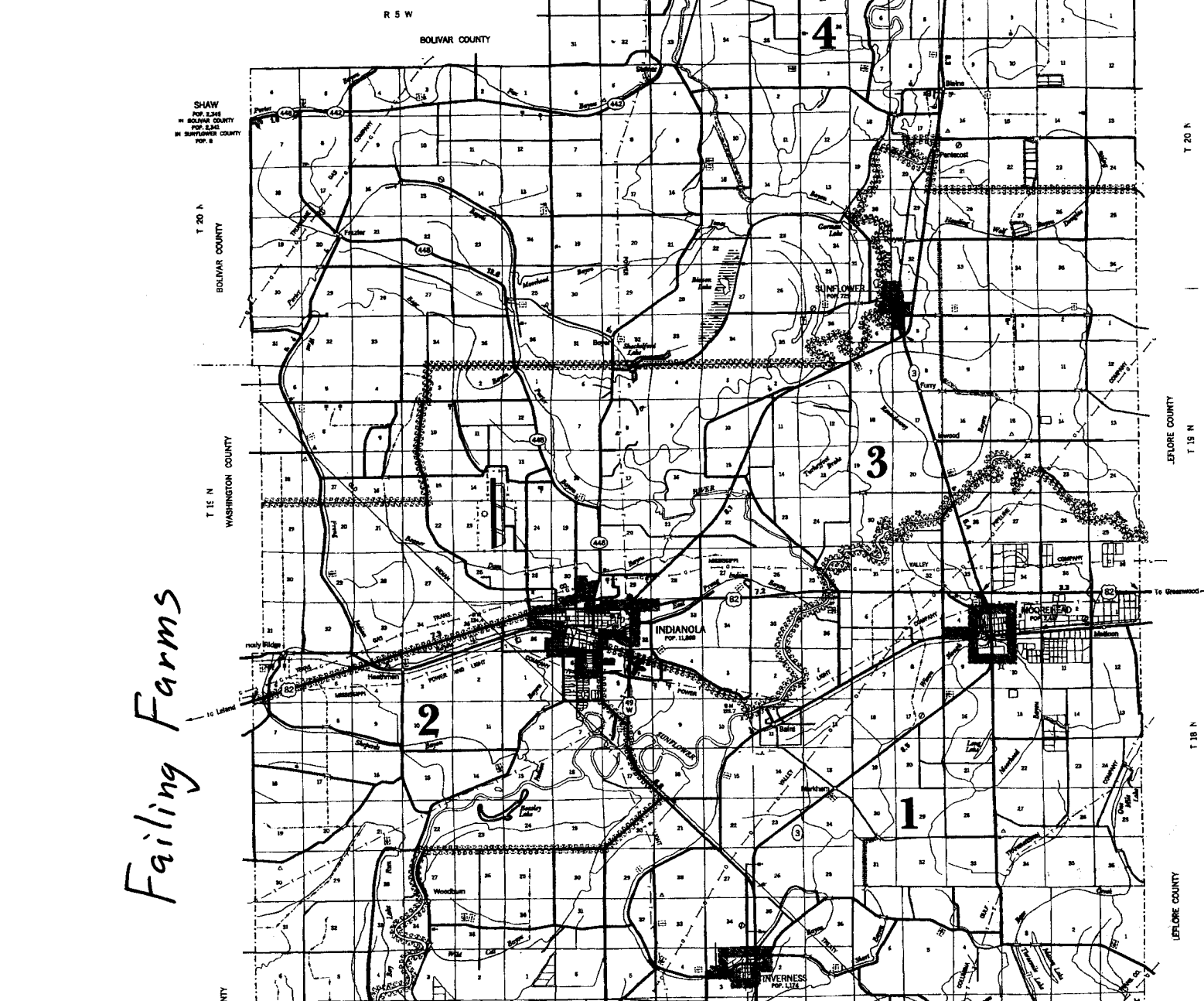
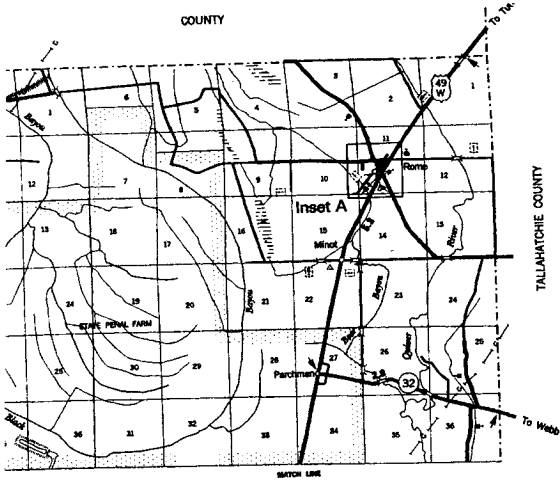
R COUNTY

6W41802

Q-166



1



Failing Farms

R 5 W

SHAW
POP. 2,348
BOLIVAR COUNTY
POP. 2,348
WASHINGTON COUNTY
POP. 8

T 20 N
BOLIVAR COUNTY

T 15 N
WASHINGTON COUNTY

UNTY

T 22 N
T 21 N
T 20 N
T 15 N
T 10 N

To Cleveland
To Waverly
To Greenwood
To Greenwood
To Greenwood
LEFLORE COUNTY
LEFLORE COUNTY
LEFLORE COUNTY

4

3

2

1

INDIANOLA
POP. 12,000

SUNFLOWER
POP. 2,700

HULEVILLE
POP. 1,500

WYVERNNESS
POP. 1,100