

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:
Well #: Q-170
L. S. Elevation:
E-log #:

County: Sunflower
Permit #: 00042765
Irrigation Equipment
Driller:
Date drilling completed: 7-23-08

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: Owner Name C. + C Planting Co., Mailing Address 6886 Edith Road, Ripley Tn 38063
Well Location: Latitude 33.26.33.1, Longitude 90.35.02.4, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NW 1/4 Sec 2, Twn 18N, Rng 4W, Distance 2 Miles, Direction E, Nearest Town Indianola

Well Data: Old well 16" Steel 50' west
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other replacement
Date well drilling started: 7-23-08 Date well drilling completed: 7-23-08
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-30-08
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: 87 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From See back feet to 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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Q-170

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	27
Fine Sand + Gravel	28	63
Medium Sand + Gravel	64	84
Clay	85	97
Fine Sand + Gravel	98	108
Medium Sand + Gravel	109	127
Screen : 050		
(68-87) 20'		
(108-127) 20'		

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: C. + C. Planting

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:

Aquifer: _____

Well #: Q-170

Elevation: _____

County: Sunflower
Permit #: 61142765
Irrigation Equipment
Driller: _____
Date completed: 7-23-08

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>C + C Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6886 Edith Road</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Ripley</u> <u>Tn</u> <u>38063</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 2 Twn 18N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Indianola</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>7-30-08</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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	

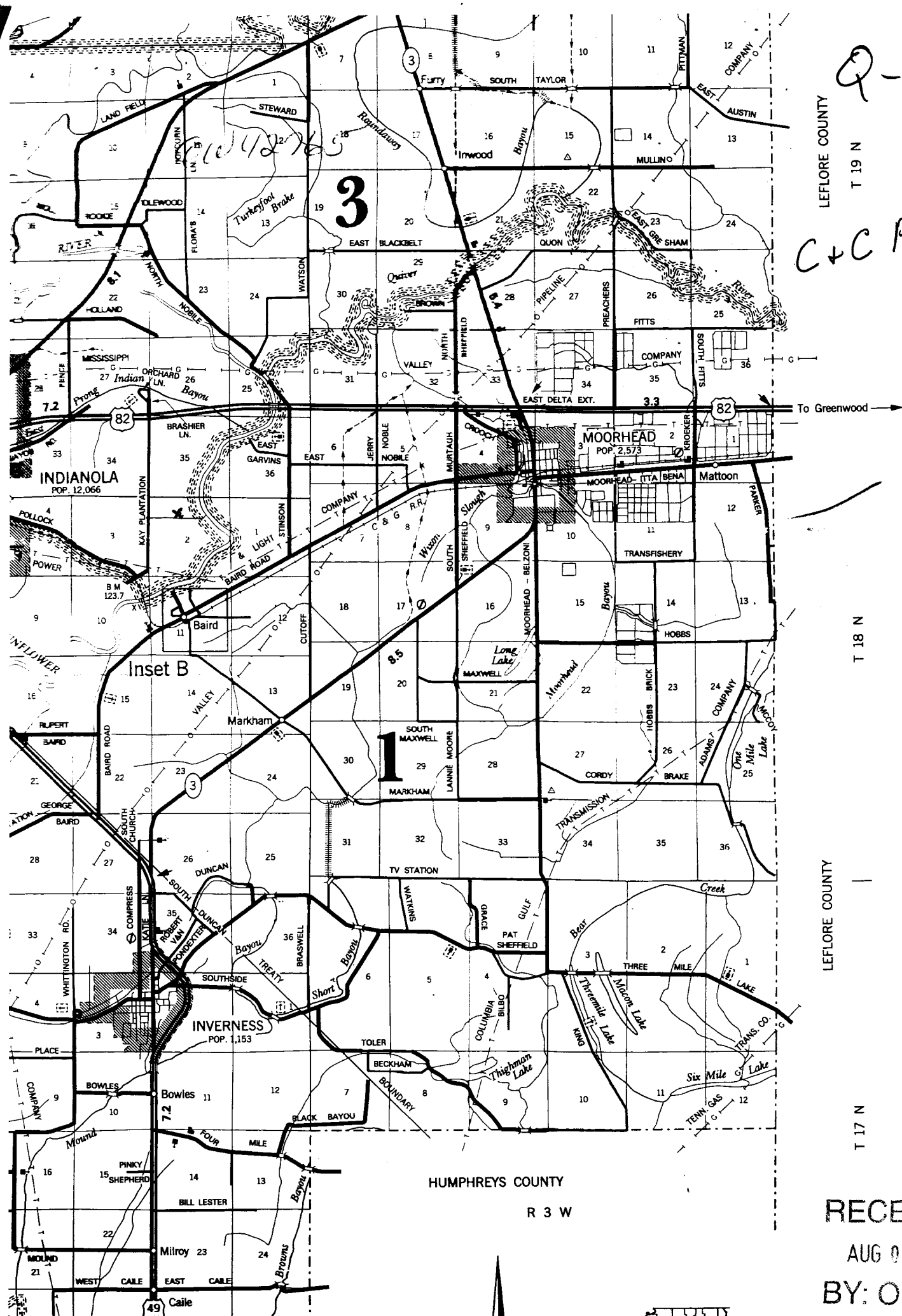
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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C+C Planting Map



LEFLORE COUNTY

T 19 N

T 18 N

LEFLORE COUNTY

T 17 N

HUMPHREYS COUNTY

R 3 W

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