

County: Sunflower  
 Permit #: GW-44082 ✓  
 Irrigation Equipment  
 Date drilling completed: 5-24-2010

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: Q182  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Kansas Planting</u> Mailing Address: <u>65 Holly Ridge Rd.</u> <u>Indianola MS 38751</u> City State Zip Code <u>662-887-3821</u> Telephone No. ( ) _____		<b>Well or Borehole Location</b> 33 22 41.2 90 37 48.8W Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW / SE / 29 / 18N / 4W 1/4 Sec. Twn. Rng. Distance Direction Nearest Town _____ miles _____ of <u>Inverness</u>
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**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: 124 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block.*

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

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

Static Water Level: 40 feet above or (below) (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 124 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Electronic Mix

Casing length: 84 feet Casing diameter: 12 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 12 inches Type of screen: pvc

Screen slot size: .050 inches Setting depth: From 85 feet to 124 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 next page*

Form: OLWR-SWR-1A (04/08)

Old well is 20' south of new well.

RECEIVED  
 MAY 26 2010  
 BY: OLWR



County: Sunflower  
 Permit #: GW-44082  
**Irrigation Equipment**  
 Date completed: 5-24-2010  
*Copy information from block on Part 1*

### STATE WELL REPORT

#### Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: Q182  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Kansas Planting</u> Mailing Address: <u>65 Holly Ridge Rd</u> <u>Indianola MS 38751</u> City State Zip Code Telephone No. ( <u>662-887-3821</u> )	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 Sec. <u>29</u> T <u>18N</u> R <u>4W</u> Distance _____ Miles Direction _____ of Nearest Town <u>Inverness</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>1200±</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Windmill <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>50</u> feet Number of Stages: <u>2</u>
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	

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	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

Form: OLWR-SWR-1C (07-09)

RECEIVED  
 JUL 16 2010  
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY