County: Sunfl	ower
Permit#: <u>6 W l</u> Irrigation Driller:	Lu25 Equipment
Date drilling complete	d: 6-1-06

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:	-
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.

30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name Simmons Farms	Latitude:° " Longitude:° "				
Mailing Address: 317 Three Way Road	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
	SE 1/SE 1/4 Sec 21 Twn 18N Rng 3W				
Indianola MS 38751					
<u>Indianola MS 38751</u> City State Zip Code	Distance Direction Nearest Town				
Telephone No. (662-887-6312	3_Miles South_of_Moorhead				
	D-4.				
Well	○				
Purpose of Well (circle one) Home Industrial Public Supply	rrigation Fish Culture Other: Ken acement				
Date well drilling started: 6-1-06 Date v	well drilling completed: 6-1-06600 16285				
If flowing, method of flow regulation: Valve Other (d					
Static Water Level: 40' feet above or below (sircle one)	land surface Date measured: 6-2-06				
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: 120 Well depth: 120'	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 80 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:	81feet to120feet				
Type of completion (circle all applicable): Gravel packed Under	· · · · · · · · · · · · · · · · · · ·				
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	Value Mthis				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contactor				

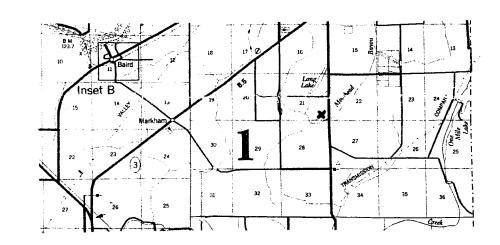
JUN 2 1 2006 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Clay Med. sand Med. Sand/gravel	36	
Med. Sand/gravel	· 56	120
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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:

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

For Office Use Only:		
Aquifer:	<i>3</i>	
Well#:	R. 215	

Irrigation Equipment 6-1-06

Sunflower

Permit#:

Date completed:		1961-5210 54-6938 (fax)	Elevation:	
Copy information from block on Part 1	• •		<u> </u>	
This part of the report must be completed b	y a licensed water well	contractor or a licens	sed pump installer. A copy	y of Part 1 of the pletion
report must be attached and both parts file. Well Owner Information	with the Department i	it the above agaress w	Well Location	7.2
Owner Name: Simmons Farms		Latitude:	Longitude:	
Mailing Address: 317 Three Way	Road	Method of Lat/Lon	g (check one): Convention	nal Survey
		USGS quad,	Hand-held GPS, Surv	ey-grade GPS
Indianola M City State	IS 38751	SE % SE	¼ Sec 21 T 18N	R_3W_
City State	Zap Coo	Distance I	Direction Nearest To	own
Telephone No. (3_Miles So	outh of Moorh	ead
Pump Type		Power Type Circle one		
Circle one			Circle one	1
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	ł
Other (specify):		Horse Power Ratin	ng of Motor: 60	
Date Pump Installed: 6-2-06		Setting Depth:	70	feet
Rated Pump Capacity: 2500-3000	Gailons Per Minute	Number of Stages	1	
Pump Test Data		Mo	thod of Measuring Water	r Level
Date Well Tested:			Circle one	
		Air Line I	Electric Measuring Line	Steel Tape
Static Water Level (A):Feet	Below Land Surface	Other (marifix)		
Pumping Water Level (B):Feet l	Below Land Surface		-	
Drawdown [(B) -(A)]:Feet	Below Land Surface		measured shut in head:	
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with	a drawdown of
Duration of Pump Test (minimum 4 hours):	hours		feet after	hours of pumping
LIPPOP OF DATE A LANGE AND A L		of my back it al	, /	
I HEREBY CERTIFY that the above staten		Of the principle of	MOLI	
Patrick M. Chism	0695	Taly	11/ C/h	TOP1
Print Name of Pump Installer and License 1	lo. (if applicable)	Signatur	e of Pump Installer	O VIR SVALI

JUN 21 2006

BY: OLWR