County: Sunflo	wer		
Permit#: 6041126 Irrigation Equipment			
Driller:	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:	
Well #: R-216	
L. S. Elevation:	
E-log#:	

State I aw 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 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		
	NE 1/2 SE 1/4 Sec 21 Twn 18N Rng 3W		
Indianola MS 38751			
City State Zip Code 662-887-6312 Telephone No. ()	Distance Direction Nearest Town 3 Miles South of Moorhead		
. Well 1	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other.		
Date well drilling started: 6-1-06 Date w			
If flowing, method of flow regulation: Valve Other (d			
Static Water Level: 41' feet above or below (circle one) I	and surface Date measured: $6-2-06$		
Method of Measurement (circle one) (steel tape electric tape	air line other:		
Hole depth: 117 Well depth: 117	Well grouted to a depth offeet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 77 feet Casing diameter: 10	inches Type of casing: PVC 160		
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC 160		
Screen slot size:050 inches Setting depth: From	78 feet to 117 feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If tel	lescoped 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	Katal Man		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

JUN 2 1 2006

BY: OLWR

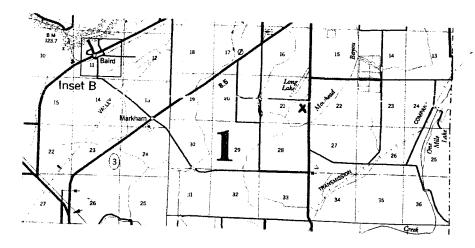
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From To	<u> </u>
Clav	0 35	5
Fine Sand Med. sand/gravel	36 55	5
Med. sand/gravel	.56 11	7
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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:	
Landowire Name.	

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Sunflower Permit #: 60 4/126 Irrigation Equipment

Date completed: 6-1-06

Print Name of Pump Installer and License No. (if applicable)

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#: R	216	
Elevation:		

Copy information from block on Part 1	(601)354-	6938 (fax)	Elevation:_		
m:	sed water well co	ntractor or a lice	used pump installer. A co	py of Part 1 of the	
report must be attached and both parts filed with the Well Owner Information	report must be attached and both parts filed with the Department at the above address within 30 days of west companies				
	1		•••		
Owner Name: Simmons Farms		Latitude:	Longitude:_		
Mailing Address: 317 Three Way Roa	ad_		ng (check one): Conventi		
		USGS quad	Hand-held GPS, Sur	rvey-grade GPS	
Indianola MS 38	8751	NE ½ SE	¼ Sec21 _T 18	N _R 3W	
City State Zip	p Code	Distance	Direction Nearest	Town	
662-887-6312 Telephone No. ()		Miles _	South _{of Moorh}	ead	
			Power Type		
Pump Type Circle one			Circle one		
Air Lift Jet Submers	sible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston Turbine		Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary Flowing	g Well	Windmill	Other (specify):		
Other (specify):		Horse Power Rat	ing of Motor: 15		
Date Pump Installed: 6-2-06		Setting Depth: _	70	feet	
Rated Pump Capacity: 750 Gallons I	Per Minute	Number of Stage	es:1		
Pump Test Data		N	lethod of Measuring Wa	iter Level	
-			Circle one		
Date Well Tested:		Air Line	Electric Measuring Line	Steel Tape	
Static Water Level (A):Feet Below L	and Surface				
Pumping Water Level (B):Feet Below La		Other (specify):			
Drawdown [(B) - (A)]:Feet Below L	and Surface	For flowing we	l, measured shut in head:	feet	
Test Pumping Rate:Gallons	Per Minute	Well yielded	GPM wi	th a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours		feet after	hours of pumping	
		<u> </u>			
I HEREBY CERTIFY that the above statements are	true to the best o	of my inhowledge.			
Patrick M. Chism 0695		PAT	Mchi		
Print Name of Pump Installer and License No. (if ap		Signat	ure of Pump Installer	RECEIVE-	

JUN 2 1 2006 BY: OLWR