

**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)

County: Sunflower  
 Permit #: 00042584  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-18-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R-229  
 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>Fitts Farms</u>	Latitude: <u>33° 27' 01.3"</u> Longitude: <u>90° 29' 61.4"</u>
Mailing Address: <u>10 Paul Fitts Lane</u>	Method of Lat/Long (circle one): <u>01</u> Conventional Survey, <del>37</del>
<u>Moorhead Ms. 38761</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 3 Twn 18N Rng 3W</u>
Telephone No. <u>662 207-7580</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>E</u> of <u>Moorhead</u>

**Well Data**

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

Date well drilling started: 6-18-08 Date well drilling completed: 6-18-08

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 6-19-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 61 feet to 100 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: [Signature]

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 JUN 24 2008  
 BY: OLWR



# 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 #: 60112584  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-18-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R-229  
 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.

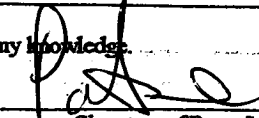
Well Owner Information	Well Location
Owner Name: <u>Fitts Farms</u> Mailing Address: <u>10 Paul Fitts Lane</u>  <u>Moorestown Ms. 38761</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 3 Twn 18N Rng 3W</u> Distance Direction Nearest Town <u>1 Miles E of Moorehead</u>
Telephone No. <u>(662) 207-7580</u>	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal   Rotary              Flowing Well Other (specify): _____	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>6-19-08</u> Rated Pump Capacity: <u>2300+</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)

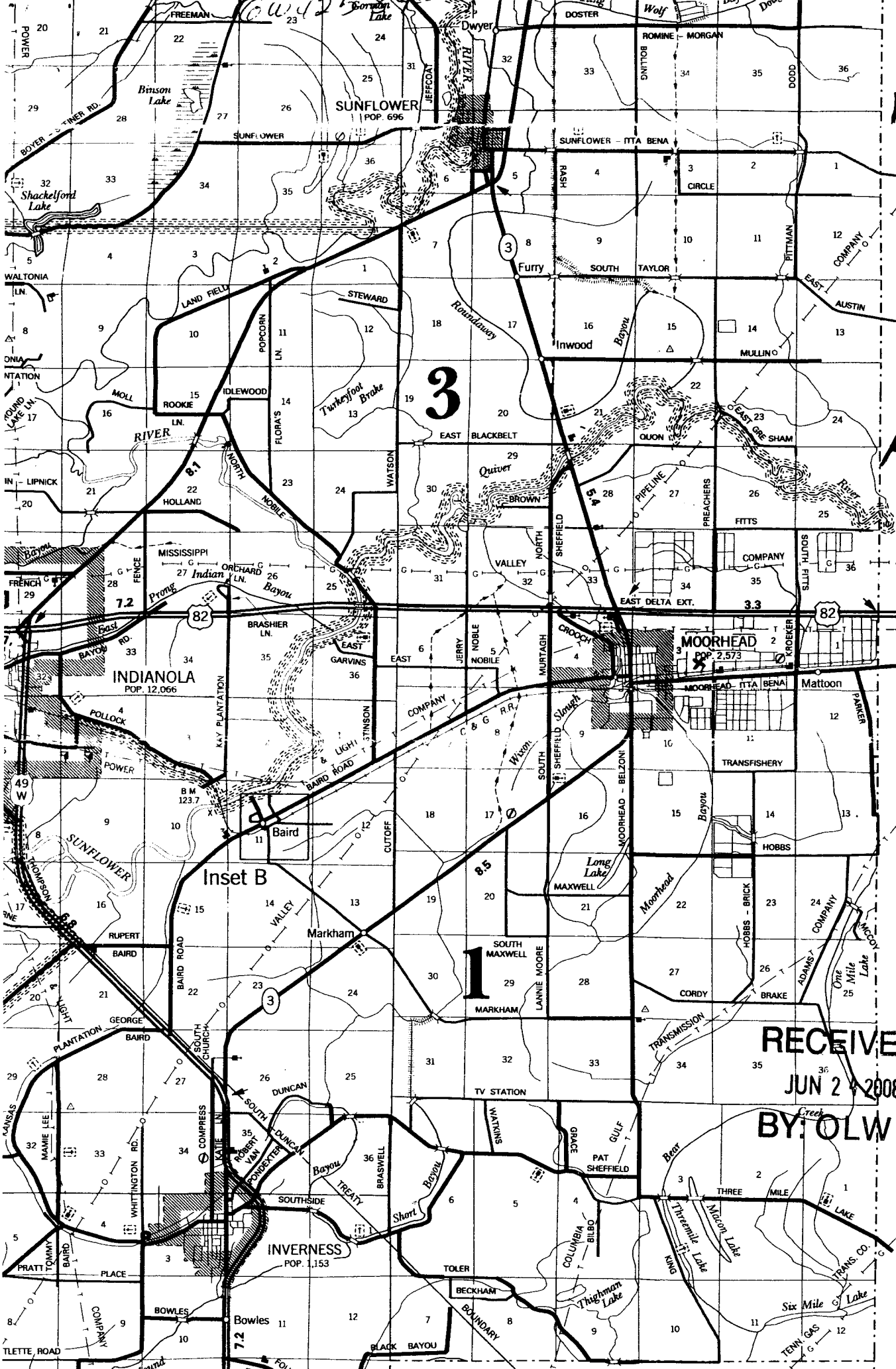
  
 Signature of Pump Installer

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R-229

Pitts Farms Map



LEFLORE COUNTY

T 19 N

T 18 N

LEFLORE COUNTY

T 17 N

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Inset B

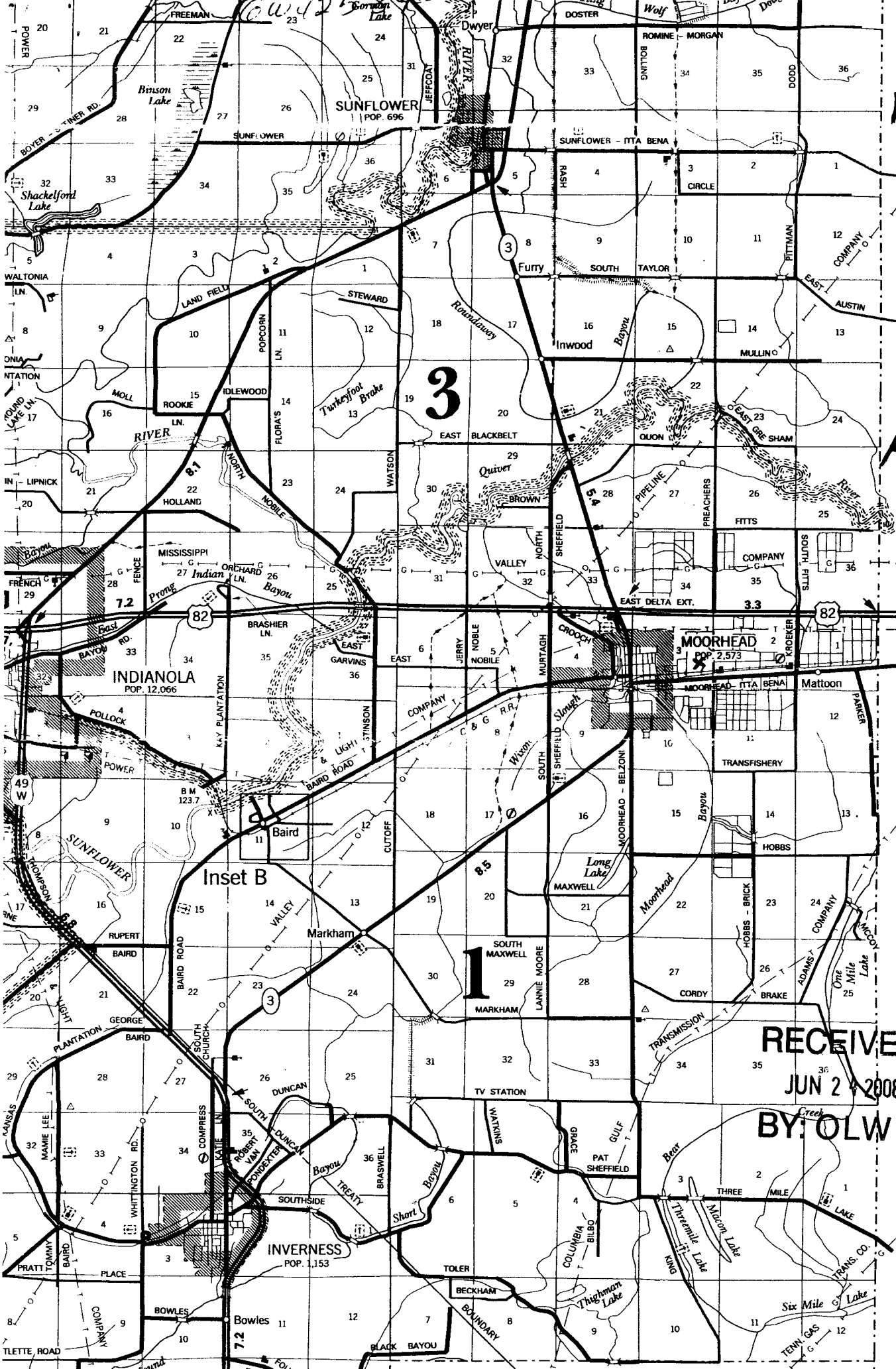
INDIANOLA  
 POP. 12,066

MOORHEAD  
 POP. 2,573

INVERNESS  
 POP. 1,153

3

1



FOUR MILE

BOWLES

PRATT

WHITTINGTON RD.

KANSAS

PLANTATION

GEORGE

BAIRD

RUPERT

SUNFLOWER

ADAMSON

W

49

POWER

POLLOCK

7.2

FRENCH

29

IN - LIPNICK

20

ONIA

17

YOUNG LAKE LN.

8

WALTONIA

5

32

Shackleford Lake

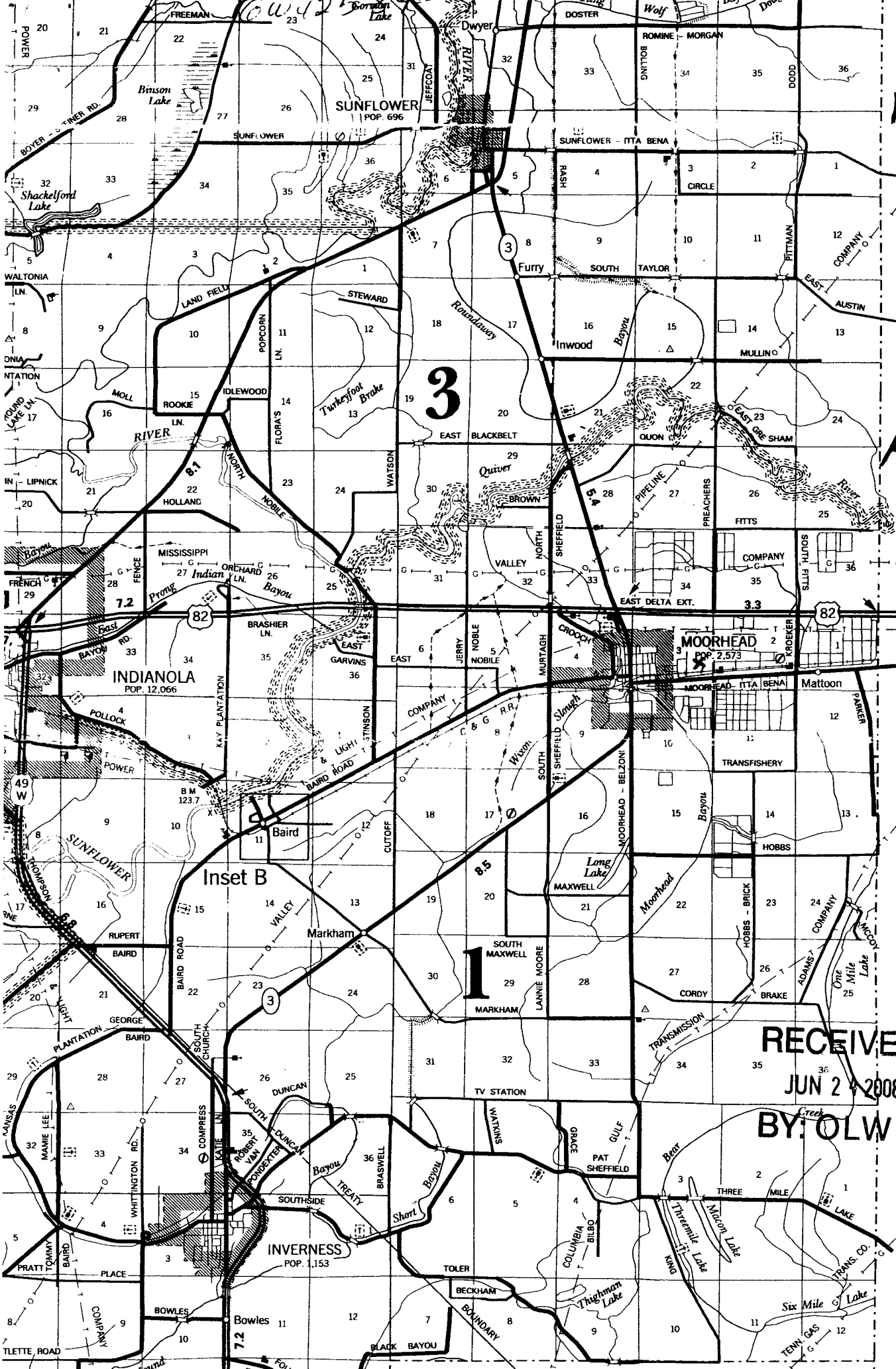
28

BOYER - TINNER RD.

20

POWER

21



FOUR MILE

BECKHAM

TOLER

WINTY

GRACE

PAT SHEFFIELD

GULF

TV STATION

32

MARKHAM

SOUTH MAXWELL

LANNIE MOORE

29

MARKHAM

8.5

MAXWELL

LONG LAKE

MOORHEAD

8.5

WIXOM

SOUTH SHEFFIELD

20

VALLEY

32

VALLEY

30

QUIVER

BROWN

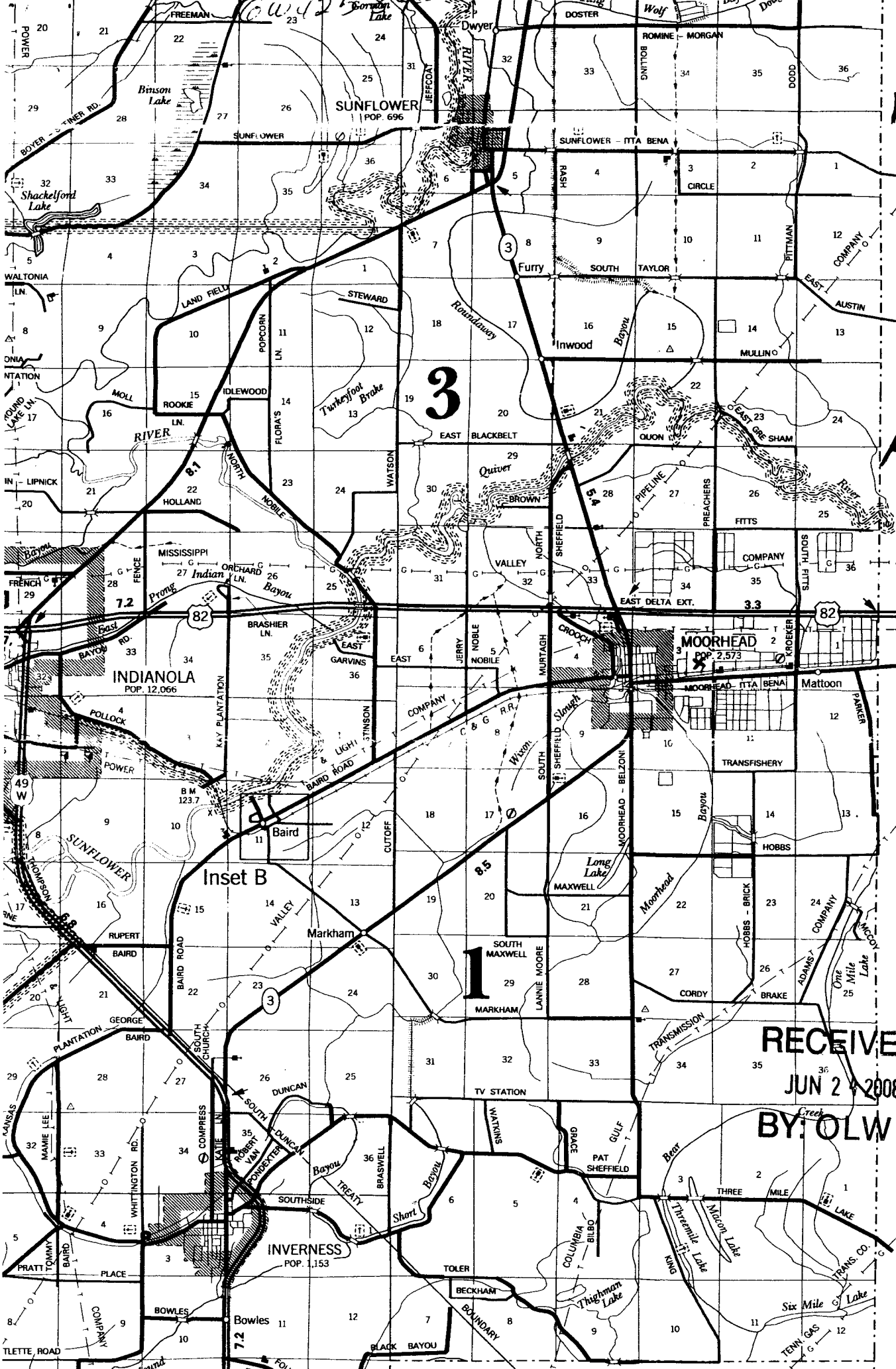
29

EAST BLACKBELT

20

WATSON

24



FOUR MILE

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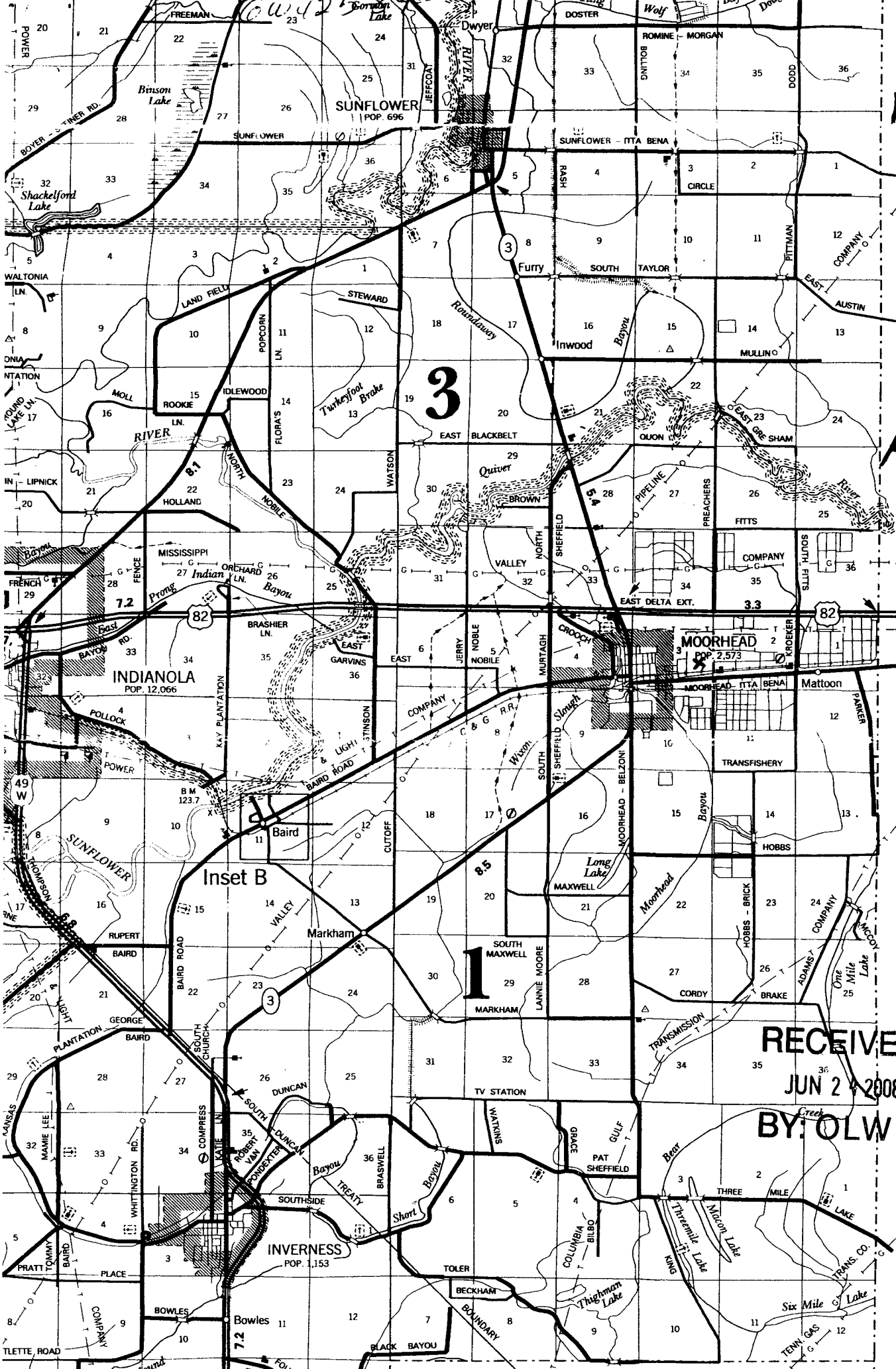
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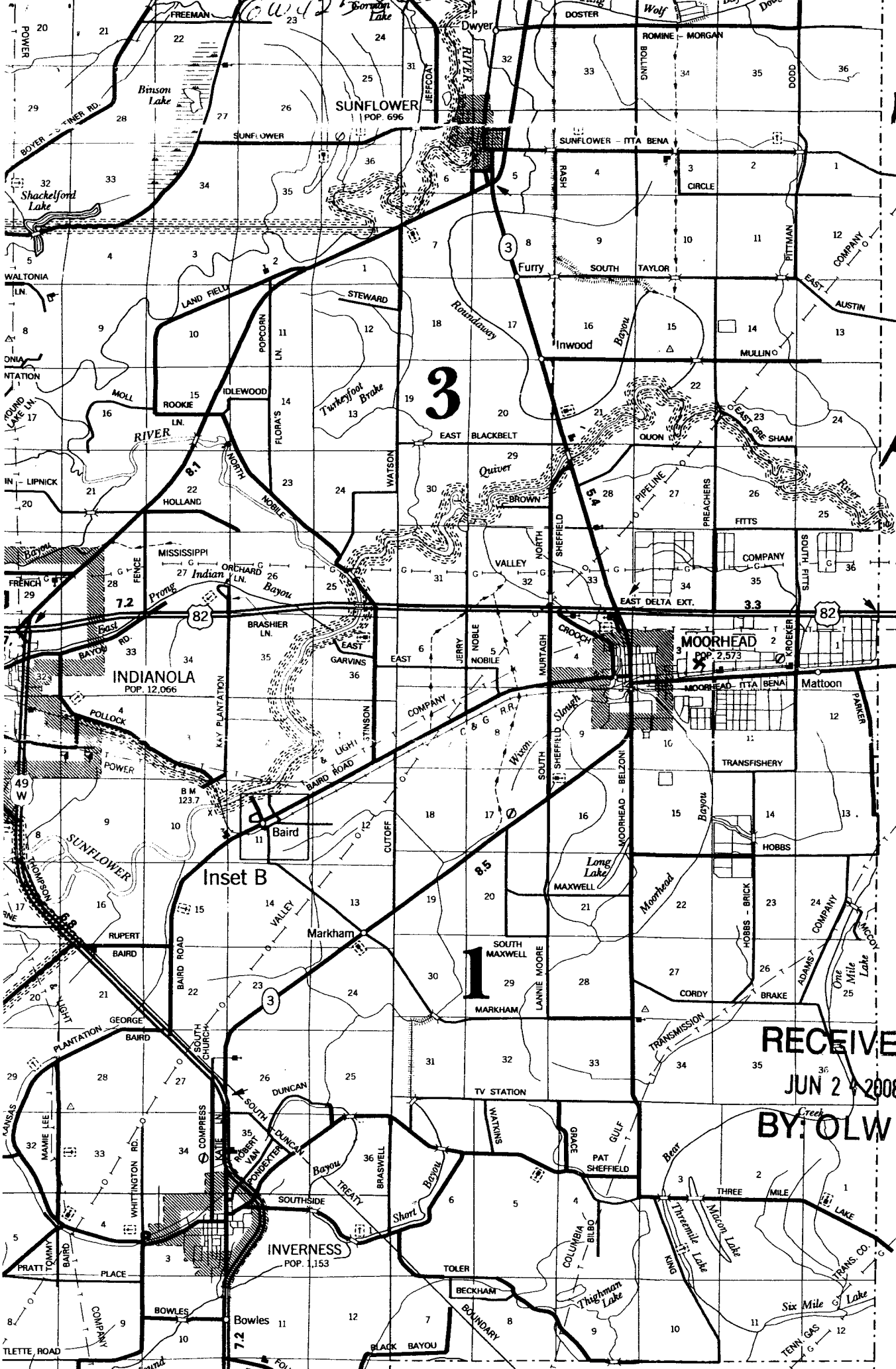
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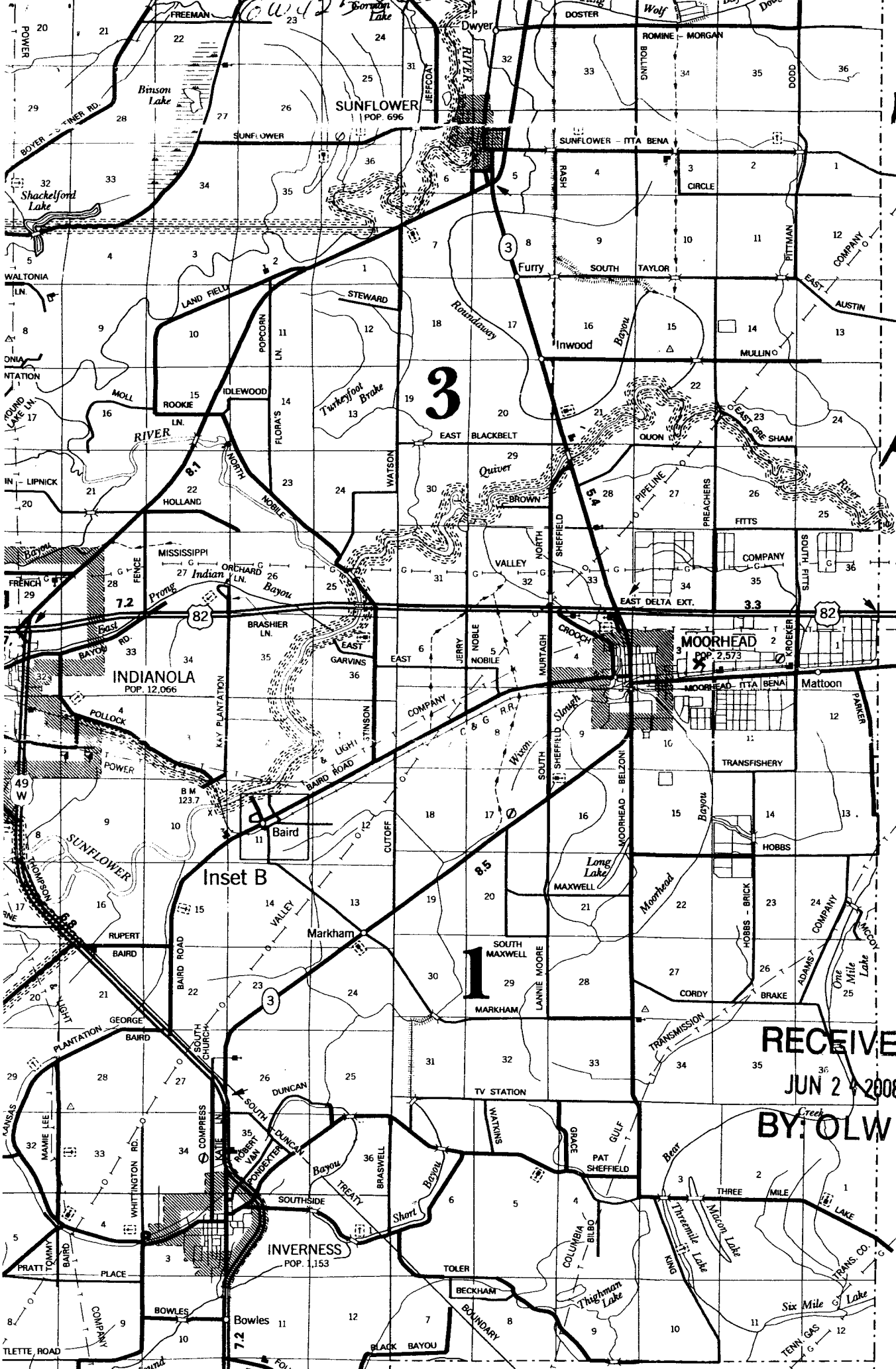
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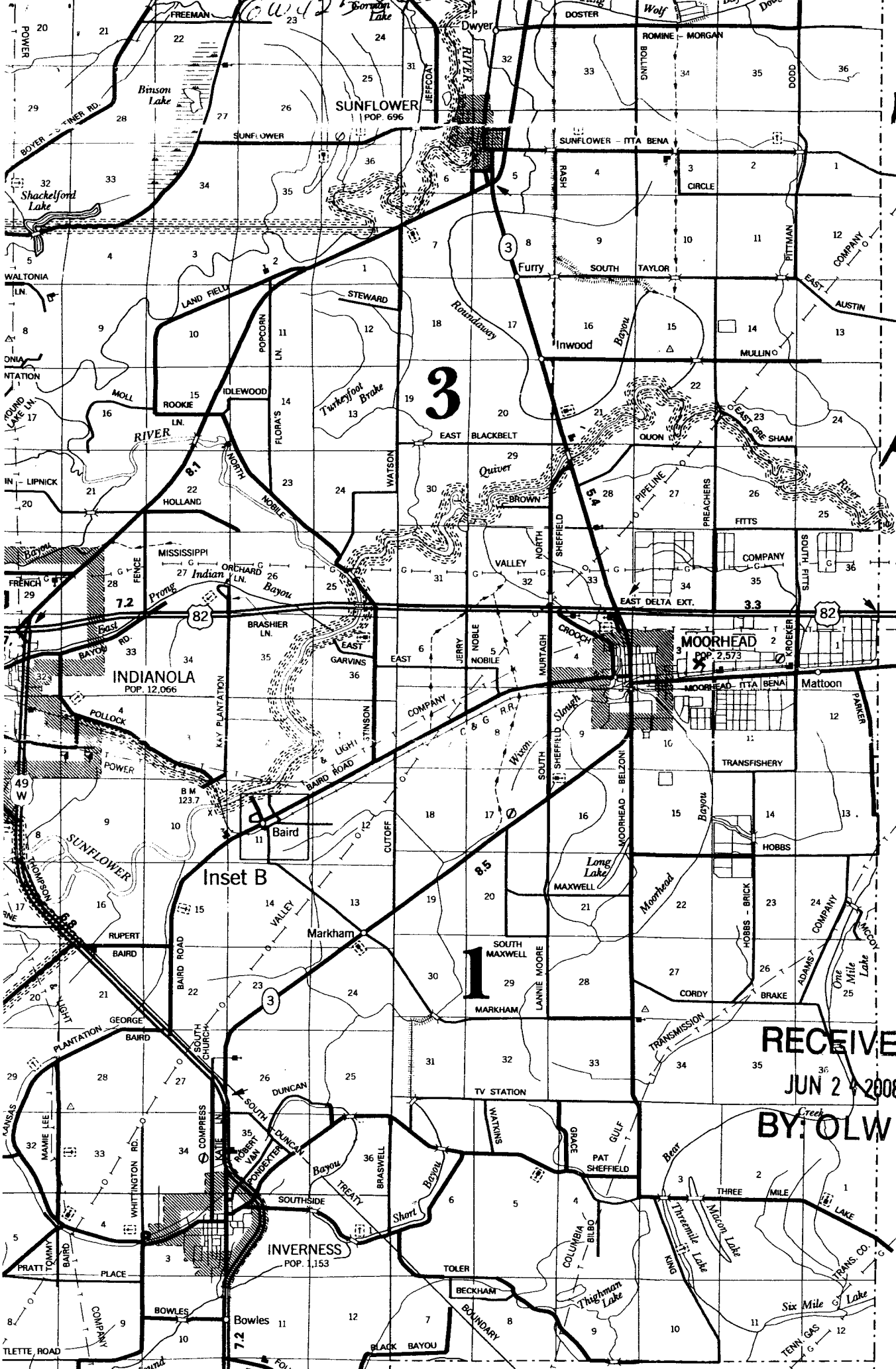
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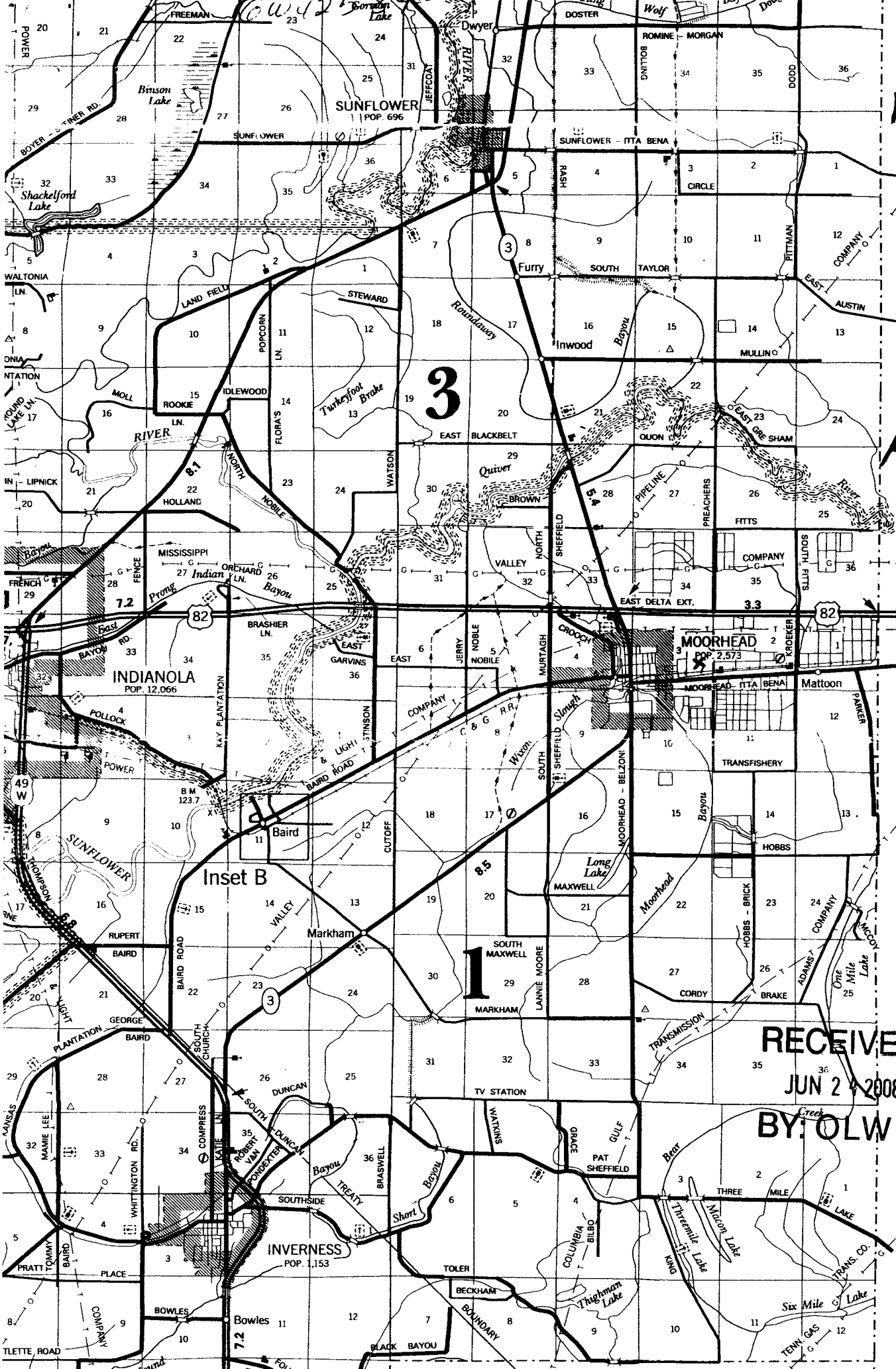
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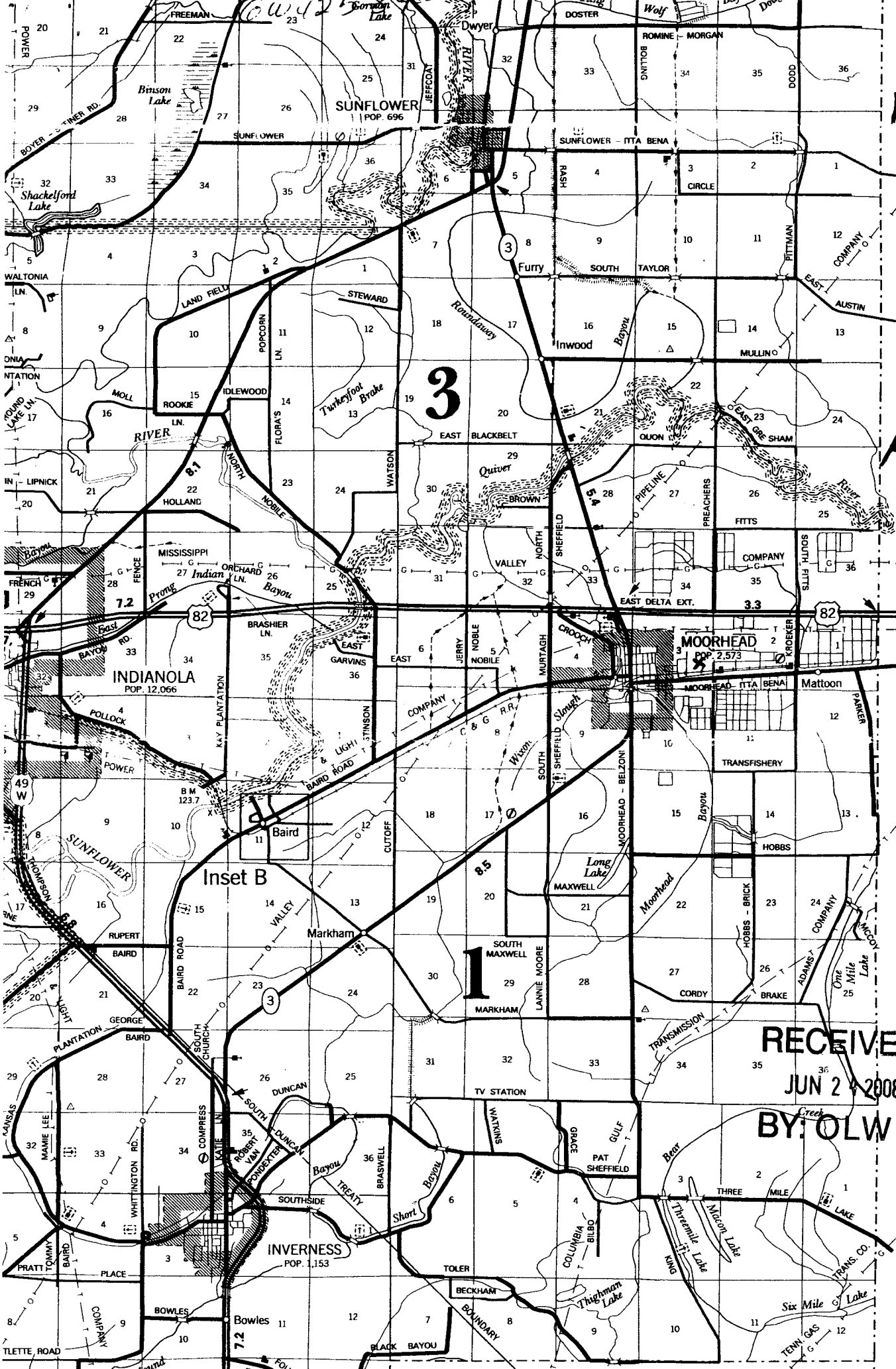
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