County:_ Permit#: Irri	Sunflower <u> </u>
Driller: _ Date drill	ing completed: 6 – 22 – 05

State Well Report

Part 1

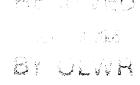
Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: <u>5 - 95</u>		
L. S. Elevation:		
E-log #:		

y the driller in detail and filed with the Department within

State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Holly Grove Plantation	Latitude: 33 . 17 . 59 Longitude: 90. 40. 46.6 Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 1910 Barnwell	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Yazoo City, MS 39194	NE 1/4 NE 1/4 Sec 26 Twn 17N Rng 5W SE NW
City State Zip Code	Distance Direction Nearest Town 7 Miles SW of Inverness
Telephone No. ()	
Well I	Data
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: 6-22-05 Date v	well drilling completed: 6-22-05
If flowing, method of flow regulation: Valve Other (d	
Static Water Level: 23 feet above of below (circle one)	land surface Date measured: $6-22-05$
Method of Measurement (circle one) teel tape electric tape	
Hole depth: 127 Well depth: 127	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonte Mix	
Casing length: 87 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16	
Screen slot size:050inches Setting depth: From _	
Type of completion (circle all applicable): Gavel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If to	elescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray	y Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in	
Department of Environmental Quality and/or the Mississippi De	partment of Health regulations and state laws.
Irrigation Equipment Inc. Patrick M. Chism 0695	tatila on chin
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Replaces 6W37854

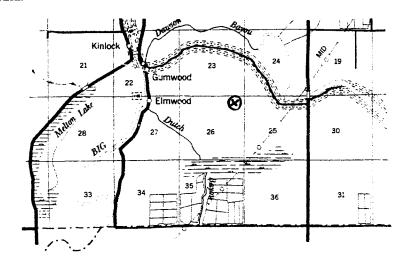


Ground Level

Description of Formations Encountered	From	То
Clay Fine Sand	0	25
Fine Sand	26	65
Med. Sand/gravel	66	127
4		\Box
		\neg
<u></u>		
	_	
		

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

Sunflower Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources County: Permit #: Irrigation Equipment P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:			
Aquifer:			
Well#: 5-95			
Elevation:			

Date completed: 6-	-22-05	(601)961-5210 (601)354-6938 (fax) Elevati			
This report shoul installation of pu		e pump installer in det	ail and filed with the Depa	rtment within 30 c	lays of the
	ell Owner Informat	ion	T	Well Location	
Owner Name: Holl	y Grove Pl	antation	Latitude:	Longitude:	
Mailing Address: 1	910 Barnwe	11	Method of Lat/Long (circle one): Conventional Survey,		
	7 011	204.04	USGS quad,	Hand-held GPS, S	urvey-grade GPS
City		MS 39194 Zip Code	¼¼ Sec	; 26 Twn 17	N Rng 5W
•			Distance Direction	on Nearest T	own
Telephone No. ())		7 _Miles _ SW	of_Invern	ess
	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine Ga	asoline Engine	Natural Gas
Bucket	Piston (Turbine		and	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill O	ther (specify):	
Other (specify):			Horse Power Rating of M	lotor: 60	
Date Pump Installed: _			Setting Depth:	60	feet
Rated Pump Capacity:	2500-3000	Gallons Per Minute	Number of Stages:	1	
	Pump Test Data		Method of	f Measuring Water	r Level
Date Well Tested:				Circle one	
Static Water Level (A):	Fcet]	Below Land Surface	Air Line Electric	_	•
Pumping Water Level (B):Feet F	Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:	Feet I	Below Land Surface	For flowing well, measure	ed shut in head:	feet
Test Pumping Rate:Gallons Per Minute			Well yielded	GPM with a	drawdown of
Duration of Pump Test (minimum 4 hours):hours			feet aft	ter	hours of pumping

Patrick M		ents are true to the best of 695	of my knowledge.	<i>(1)</i>	•
Print Name of Pump In:	staller and License N	o. (if applicable)	Signature of Pum	np Installer	

I HEREBY CERTIFY that the above statements are to	
Patrick M. Chism 0695	Patrick on chu
Print Name of Pump Installer and License No. (if appl	icable) Signature of Pump Installer