•
County: Sunflower
Permit#: 60 40670 Irrigation Equipment Driller:
Date drilling completed: 11-7-05

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>T-//</u>		
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 Robertson Planting	33° 19', 72N 90°39,18W, Latitude:° Longitude:°			
Mailing Address: 301 Camellia Lane	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	NW 1/2 NE 1/2 Sec 18 Twn17N Rng4W			
Indianola, MS 38751	Will Will King IV			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (6)62-887-2760	4 Miles SW of Inverness			
Well				
Purpose of Well (circle one) Home Industrial Public Supply	rrigation Fish Culture Other:			
Date well drilling started: 11-7-05 Date	well drilling completed: 11-7-05			
If flowing, method of flow regulation: Valve Other (c	lescribe)			
Static Water Level: 31 feet above or below (circle one)	land surface Date measured:			
Method of Measurement (circle one) teel tape electric tape				
Hole depth: 115 Well depth: 115'	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 75 feet Casing diameter: 10	inches Type of casing: PVC 160			
Screen length: 40 feet Screen diameter: 10				
Screen slot size: . 050 inches Setting depth: From	73 <u>feet to 112</u> feet			
Type of completion (circle all applicable): Gravel packed Unde	rreamed 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.	DHI MC			
Patrick M. Chism 0695	Takes My			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

RECEIVED

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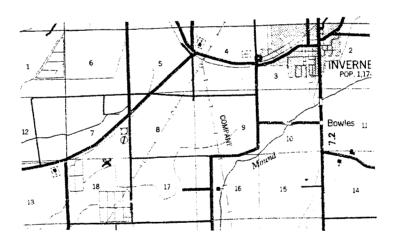
BY: OLWR

Ground Level

Description of Formations Encountered	From	To
	0	21
TO	22	35
Fine Sand/gravel	36	51
Fine Sand Fine Sand/gravel Med. Sand/gravel Fine Sand	52	114
Fine Sand	1113	115
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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:	
Landowner Name:	

Signature of Water Well Contracto

STATE WELL REPORT

County: Sunflower Permit#: 6W 40670 Irrigation Equipment Driller:

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Inc.

P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
Well #:	T-119	

Date completed: 11-8-05	(601)961-5210 (601)354-6938 (fax) 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 Informati	on	Well Location		
Owner Name: Robertson Pla	nting	Latitude: Longitude:		
Mailing Address: 301 Camellia	Lane	Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
IndianolaM City State		¼¼ Sec_18 _ Twn17N Rng_4W		
662-887-2760	Zap codo	Distance Direction Nearest Town		
Telephone No. ()		4 Miles SW of Inverness		
Telephone No. (ivines		
Ритр Туре		Power Type		
Circle one		Circle one		
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):		
Other (specify):		Horse Power Rating of Motor: 15		
Date Pump Installed: 11-8-05		Setting Depth: 70 feet		
Rated Pump Capacity: 750	Gallons Per Minute	Number of Stages:1		
Pump Test Data		Method of Measuring Water Level		
Date Well Tested:		Circle one		
Static Water Level (A): Feet I		Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface		Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours		feet afterhours of pumping		
		1		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
	0695	yours in Chi		
Print Name of Pump Installer and License No	o (if applicable)	Signature of Pump Installer		