

State Well Report

Part I

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 #: F-157
L.S. Elevation:
E-log#:

County: Washington
Permit #: OW 42294
Irrigation Equipment
Driller:
Date drilling completed: 11-29-07

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: Holly Ridge Planting, 65 Holly Ridge Road, Indianola Ms. 38751, (662) 887-3821
Well Location: Latitude: 33.24.14.2, Longitude: 90.46.54.2, Method of Levelling: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NW 1/4 Sec 24 Twn 18N Rng 6W, Distance 6 Miles Direction E of Nearest Town Leland

Well Data

Purpose of Well: Irrigation
Date well drilling started: 11-29-07, Date well drilling completed: 11-29-07
If flowing, method of flow regulation: Valve
Static Water Level: 24 feet above of below land surface, Date measured: 11-29-07
Method of Measurement: steel tape
Hole depth: 125, Well depth: 125, Well grouted to a depth of 10 feet
Type of grout: Bentonite
Casing length: 85 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 86 feet to 125 feet
Type of completion: Gravel packed

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

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GW42294

F-157

If well telescopes please sketch below and show depths.

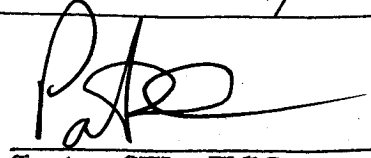
Ground Level

Description of Formations Encountered	From	To
Clay	0	22
Fine Sand	23	26
Fine Sand + Gravel	27	36
Medium Sand + Gravel	37	25

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: Holly Ridge Planting



Signature of Water Well Contractor

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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)854-6938 (fax)

County: Washington
 Report #: 6W42294
 Irrigation Equipment
 Driller: _____
 Date completed: 11-29-07

For Office Use Only:

Agency: _____
 Well #: F-157
 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.

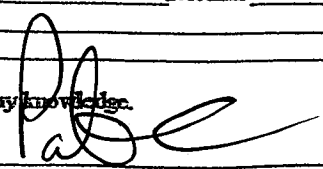
Well Owner Information	Well Location
Owner Name: <u>Holly Ridge Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola Ms. 38751</u>	<u>NW 1/4 NW 1/4 Sec 24 Twa 18N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6 Miles E of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11-29-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

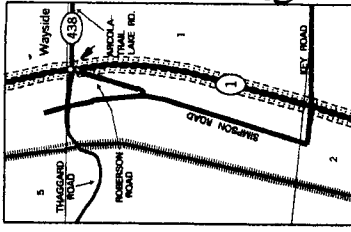
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

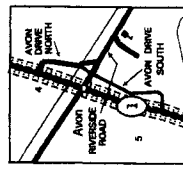
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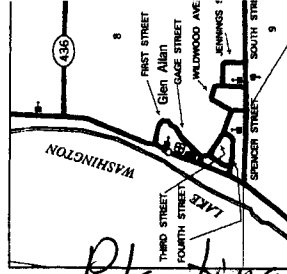
Inset C
T.17 N R.8 W



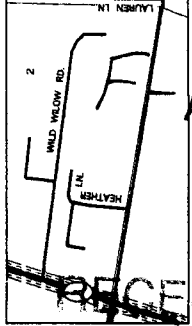
Inset D
T.16 N R.8 W



Inset E
T.16 N R.8 W



Inset F
T.14 N R.8 W



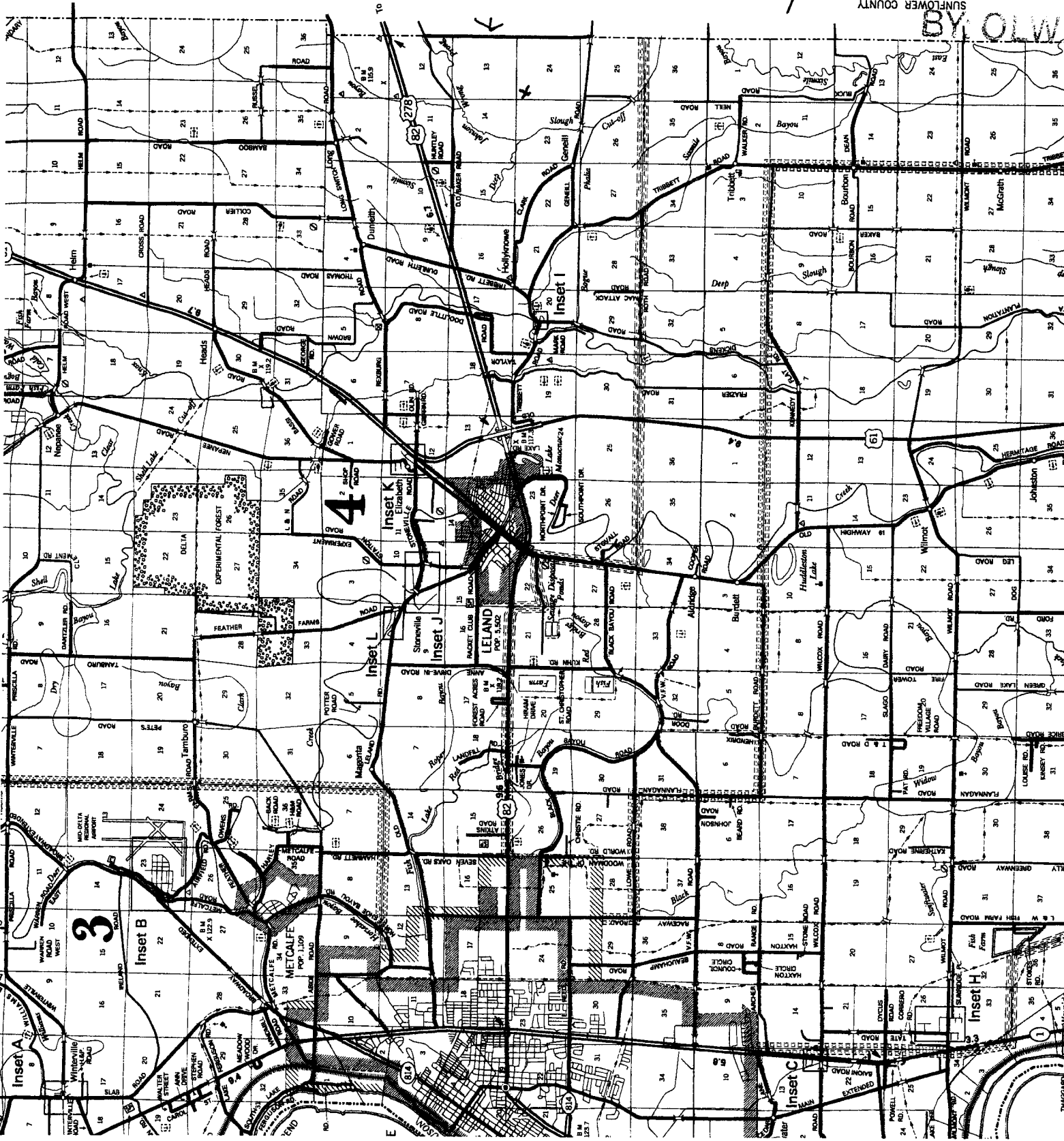
Inset G
T.16 N R.8 W

Holly Ridge Planting Map

T.19 N
SUNFLOWER COUNTY

T.18 N

T.17 N
SUNFLOWER COUNTY



BY OLWE

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