

# 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: Washington  
Permit #: 6043242  
Driller: Irrigation Equipment  
Date drilling completed: 5/26/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-167  
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>Triple C Farms</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>640 D. O. Baker Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Leland Ms. 38756</u>	<u>NW 1/4 NW 1/4 Sec 15 Twn 18N Rng 6W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles	Direction: <u>East</u>	Nearest Town: <u>Leland</u>
Telephone No. ( ) _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>5/26/09</u>		Date well drilling completed: <u>5/26/09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>27</u> feet above of <u>below</u> (circle one) land surface		Date measured: <u>5/27/09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>126</u>	Well depth: <u>126</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>86</u> feet	Casing diameter: <u>10</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>10</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>126</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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. John P. Chism 0439			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

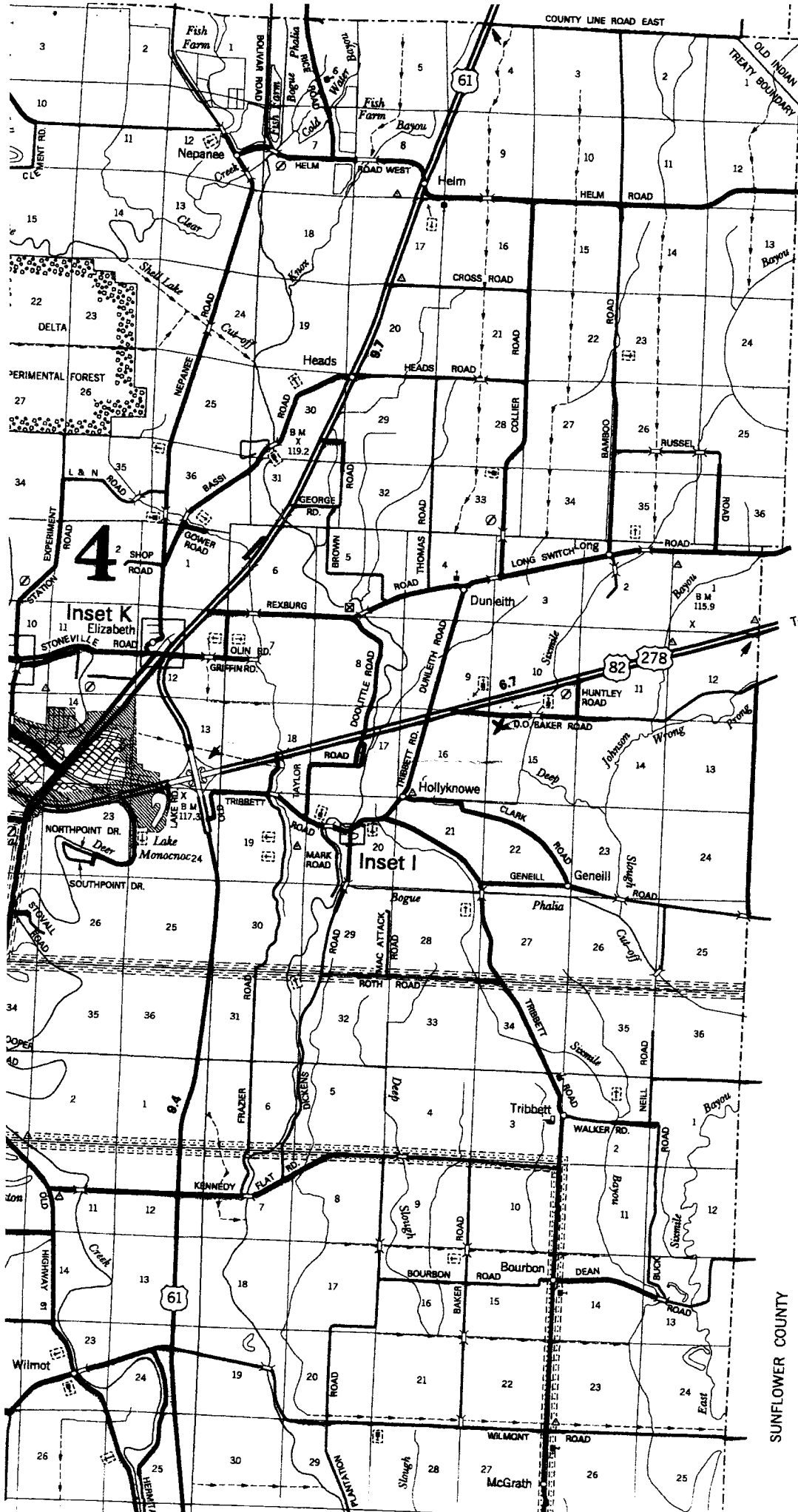
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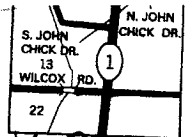
BY: OLWR



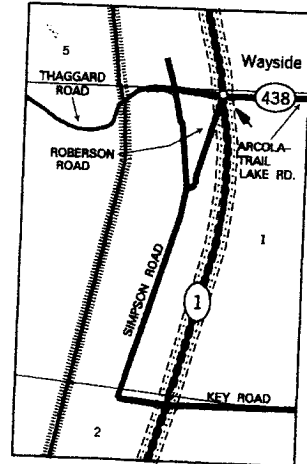




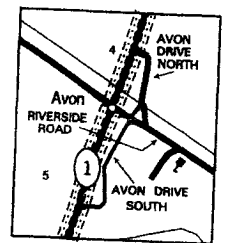
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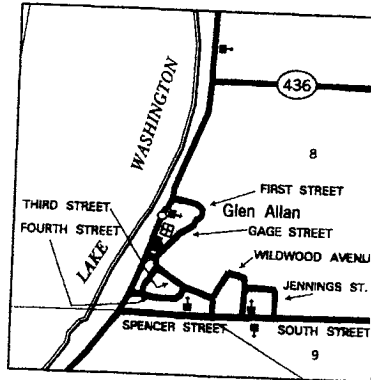
F-167 Inset C  
T 17 N R 8 W  
Triple C Farm



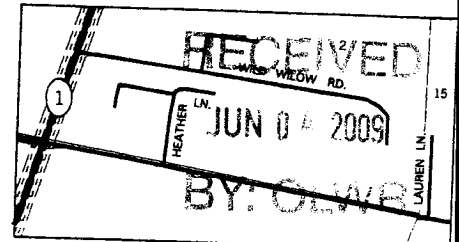
Inset D  
T 16 N R 8 W



Inset E  
T 16 N R 8 W



Inset F  
T 14 N R 8 W



T 17 N

SUNFLOWER COUNTY