

Never received Part 2 4/13

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 #: E-46
L. S. Elevation: _____
E-log #: _____

County: Yazoo
Permit #: GW42677
Irrigation Equipment
Driller: _____
Date drilling completed: 6-26-08

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>Phillips Planting</u>	Latitude: <u>32° 50' 49.6"</u> Longitude: <u>90° 44' 21.0"</u>
Mailing Address: <u>4042 Hwy 16 West</u>	Method of Lat/Long (circle one): Conventional Survey, <u>49</u> <u>21</u>
<u>Yazoo City Ms. 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 32 Twn 12N Rng 5W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>2</u> Miles <u>NW</u> of <u>Holly Bluff</u>

Well Data

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

Date well drilling started: 6-26-08 Date well drilling completed: 6-26-08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 6-26-08

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From see back feet to _____ 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]

Kelly Vest contracted with us to drill well.
He will set the pump.

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E-46

If well telescopes please sketch below and show depths.

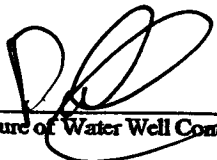
Ground Level

Description of Formations Encountered	From	To
Clay	0	34
Fine Sand	35	49
Fine Sand + Gravel	50	58
Medium Sand + Gravel	59	82
Medium Sand	83	95
Fine Sand	96	101
Medium Sand	102	111
Medium Sand + Gravel	112	124
Screen : 032		
(76-95) 20'		
(105-124) 20'		

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: Phillips Planting



 Signature of Water Well Contractor

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Phillips Planting Map

