

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 #: K-70
 L. S. Elevation: _____
 E-log #: _____

County: YAZOO 163
 Permit #: QW 40166
 Driller: CHICOT IRRIGATION
 Date drilling completed: 3-25-05

Chicot Irrigation, Inc

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 Farm</u>	Latitude: <u>32° 46' 31"</u> Longitude: <u>90° 29' 28"</u>
Mailing Address: <u>c/o BRIAN BARHAM</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>PO Box 279</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>HOLLY BLUFF MS. 390</u>	<u>NW 1/4 SE 1/4</u> Sec <u>10</u> Twn <u>11N</u> Rng <u>3W</u>
City State Zip Code: <u>88</u>	SW NE
Telephone No: <u>662-571-0896</u>	Distance: <u>4.5</u> Miles Direction: <u>South</u> of Nearest Town: <u>YAZOO CITY</u>

Well Data

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

Date well drilling started: 3-25-05 Date well drilling completed: 3-25-05

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 3-25-05

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

Hole depth: 98 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 14 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .051 inches Setting depth: From 77 feet to 80 feet AND

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): SCREEN SPLIT INTO 2 AREAS

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.

JAMES McDONALD # 332
 Print Name of Water Well Contractor and License No.

James McDonald
 Signature of Water Well Contractor

RECEIVED
 APR 20 2005
 BY: OLWR

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)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-70

Elevation: _____

County: Yazoo

Permit #: EW 40166

Driller: Cuticot Irrigation

Date completed: 3-25-05

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>Phillips Farm</u>	Latitude: <u>32-46-131^N</u> Longitude: <u>090-29-128^W</u>
Mailing Address: <u>c/o Brian Barkham</u> <u>PO Box 279</u> <u>HOLLY BLUFF, MS. 39088</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>NW 1/4 SE 10 Twn 11^N Rng 3W</u>
Telephone No: <u>662-571-0896</u>	Distance: <u>4.5</u> Miles <u>South</u> of <u>Yazoo City</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>10</u> Setting Depth: <u>20</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>3-26-05</u>	
Rated Pump Capacity: <u>800</u> Gallons Per Minute	

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

GLEN ROWE _____ Signature of Pump Installer 7107

Print Name of Pump Installer and License No. (if applicable)

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APR 26 2005
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