

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: Yazoo
Permit #: 60-4113
Irrigation Equipment
Driller: _____
Date drilling completed: 5-4-06

For Office Use Only:
Aquifer: _____
Well #: P-69
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>Phillips Planting</u>	Latitude: <u>32.40.49.8</u> Longitude: <u>90.33.12.3</u>
Mailing Address: <u>Box 279</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
<u>Holly Bluff, MS 39088</u>	<u>NE</u> <u>SE</u> <u>SW</u> <u>NW</u> <u>1/4</u> <u>Sec</u> <u>25</u> <u>Twn</u> <u>10N</u> <u>Rng</u> <u>4W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Satartia</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 5-4-06 Date well drilling completed: 5-4-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	45
Fine Sand/gravel	46	59
Med. Sand/gravel	60	116

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: _____

Patrick M. Chin
 Signature of Water Well Contractor

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)

County: Yazoo
 Permit #: 6024118
 Irrigation Equipment
 Driller: _____
 Date completed: 5-4-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-69
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Phillips Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 279</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Bluff, MS 39088</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 25 T 10N R 4W</u>
<u>662-828-3223</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>NW</u> of <u>Satartia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6-2-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

	Method of Measuring Water Level Circle one
<p>Attach Part 2 to Part 1 that was mailed separate.</p> <p>Disregard letter attached to part 1.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">JUN 06 2006</p> <p style="text-align: center;">BY: OLWR</p>	<p>Air Line Electric Measuring Line Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>

to the best of my knowledge.

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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JUN 06 2006

BY: OLWR