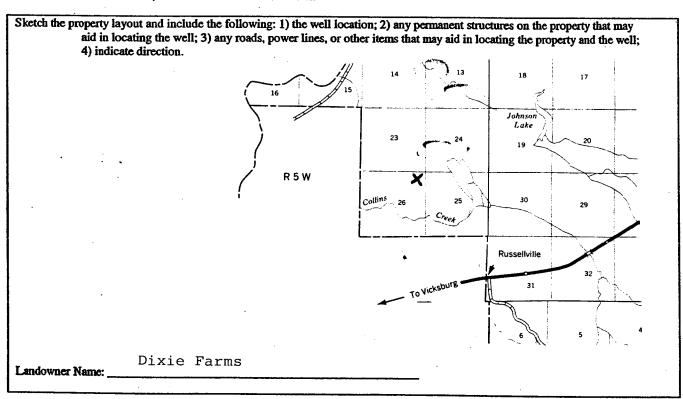
State Well Report			
County: Yazoo Part 1	For Office Use Only:		
Permit #: Mississippi Department of Environmental Quality Office of Lord and Water Pressure and Water Pres	Aquifer:		
Irrigation Equipment Office of Land and water Resources	Well #: <u>u - 47</u>		
Driller: P.O. Box 10631 8-13-04 Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: (601)961-5210	L. S. Estvator		
(601)354-6938 (fax)	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.			
	Location		
Owner Name Dixie Farms Latitude: 32 . 36 , 111	Longitude: 90, 40, 27W,		
Mailing Address: Method of Lat/Long (circle on	ne): Conventional Survey,		
IISGS and Hand-held	GPS, Survey-grade GPS		
· · · · · · · · · · · · · · · · · · ·			
	TwnRng		
Distance Direction	Nearest Town of Satartia		
Well Data	Wildlife		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture	Management Management		
Date well drilling started: Date well drilling completed:	3-13-04		
If flowing, method of flow regulation: Valve Other (describe)	RECEIVED		
Static Water Level:feet above on below (circle one) land surface	SEP 0.9 2004		
Method of Measurement (circle one) seel tape electric tape air line other:	BY: QLWR		
Hole depth: 98' Well depth: 98' Well grouted to a depth of _	10 Feet LEIVEL		
Type of grout (circle one): Cement Centoniic Mix	79 2004		
	PVC Sch. 4BY: OLWF		
•	PVC Sch. 40		
Screen slot size:	98 feet		
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open	hole \ Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one scr	een, 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	s and state laws.		
Irrigation Equipment Inc. Patrick M. Chism 0695	m Cham		
Print Name of Water Well Contractor and License No. Signature of	f Water Well Contractor		

Ground Level	U	•
````		<u>'</u>

Description of Formations Encountered	From	To
Clay	0	35
Fine Sand/gravel Med. Sand/gravel	36	67
Med. Sand/gravel	68	98
	<u> </u>	
		
	1	
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	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

If more than one screen, show location of each on sketch



Patrick M Chism
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Yazoo
U-97
Permit #: Irrigation Equipment
Driller: _____

Date completed: 10-5-04

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

For Office Use Only:	
Aquifer:	
well #: <u>U-97</u>	
Elevation:	

·	(601)354-6938 (fax) Elevation:	
This report should be prepared by the pump installe installation of pump.	er in detail and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: Dixie Farms	Latitude:Longitude:	
Mailing Address: Box 188	Method of Lat/Long (circle one): Conventional Survey,	
T	USGS quad, Hand-held GPS, Survey-grade GPS	
Jackson, MS 39205	NE 1/4 NE 1/4 Sec 26 Twn 19N Rng 5W	
City State Zip Coo	le Distance Direction Nearest Town	
Telephone No. ()_		
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
ther (specify): Horse Power Rating of Motor:		
Date Pump Installed: 10-5-04 2500-3000	Setting Depth: 60 feet	
2500-3000 Rated Pump Capacity:Gallons Per M	inute Number of Stages:1	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	After the Street Street St.	
Static Water Level (A):14 ' Feet Below Land Su	urface	
Pumping Water Level (B):Feet Below Land Su	rface Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Su	face For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per M	inute Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):h	oursfeet afterhours of pumping	

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

RECEIVED

OCT 11 2004

BY: OLWR