

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 #: F-218
L. S. Elevation: _____
E-log #: _____

County: Boliver
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 5-26-07

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>Scotland Farms</u>	Latitude: <u>33° 48' 21.1"</u> Longitude: <u>90° 57' 52.4"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>52</u>
<u>Inverness Ms. 38753</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>31</u> Twn <u>23N</u> Rng <u>7W</u>
Telephone No. () _____	SE SW Direction <u>30</u> Nearest Town <u>Beulah</u>
	Distance <u>2</u> Miles <u>NE</u> of _____

Well Data

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

Date well drilling started: 5-26-07 Date well drilling completed: 5-26-07

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 5-27-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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

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F-218

If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	32
Fine Sand	33	40
Fine Sand + Gravel	41	58
Medium Sand + Gravel	59	127

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: Scotland Farms



 Signature of Water Well Contractor

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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: Boliver
 Permit #: _____
 Driller: _____
 Date completed: 5-26-07

For Office Use Only:

Aquifer: _____
 Well #: F-218
 Elevation: _____

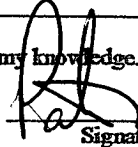
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Scotland Farms</u> Mailing Address: <u>P.O. Box 98</u> <u>Inverness Ms. 38753</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 31 Twn 23N Rng 7W</u> <u>SE SW 30</u> Distance Direction Nearest Town <u>2 Mikes NE of Beulah</u>
Telephone No. () _____	

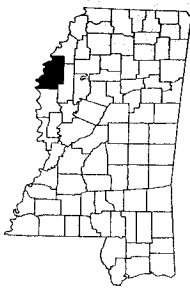
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-27-07</u> Rated Pump Capacity: <u>2800⁺</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours 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

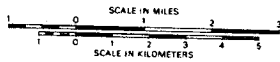
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GENERAL HIGHWAY MAP

BOLIVAR COUNTY

F-218



1991

Scotland Farms Map

NAMED FOR
Simón Bolívar,
 South American
 leader of revolt
 against Spain,
 known as "the
 Liberator"

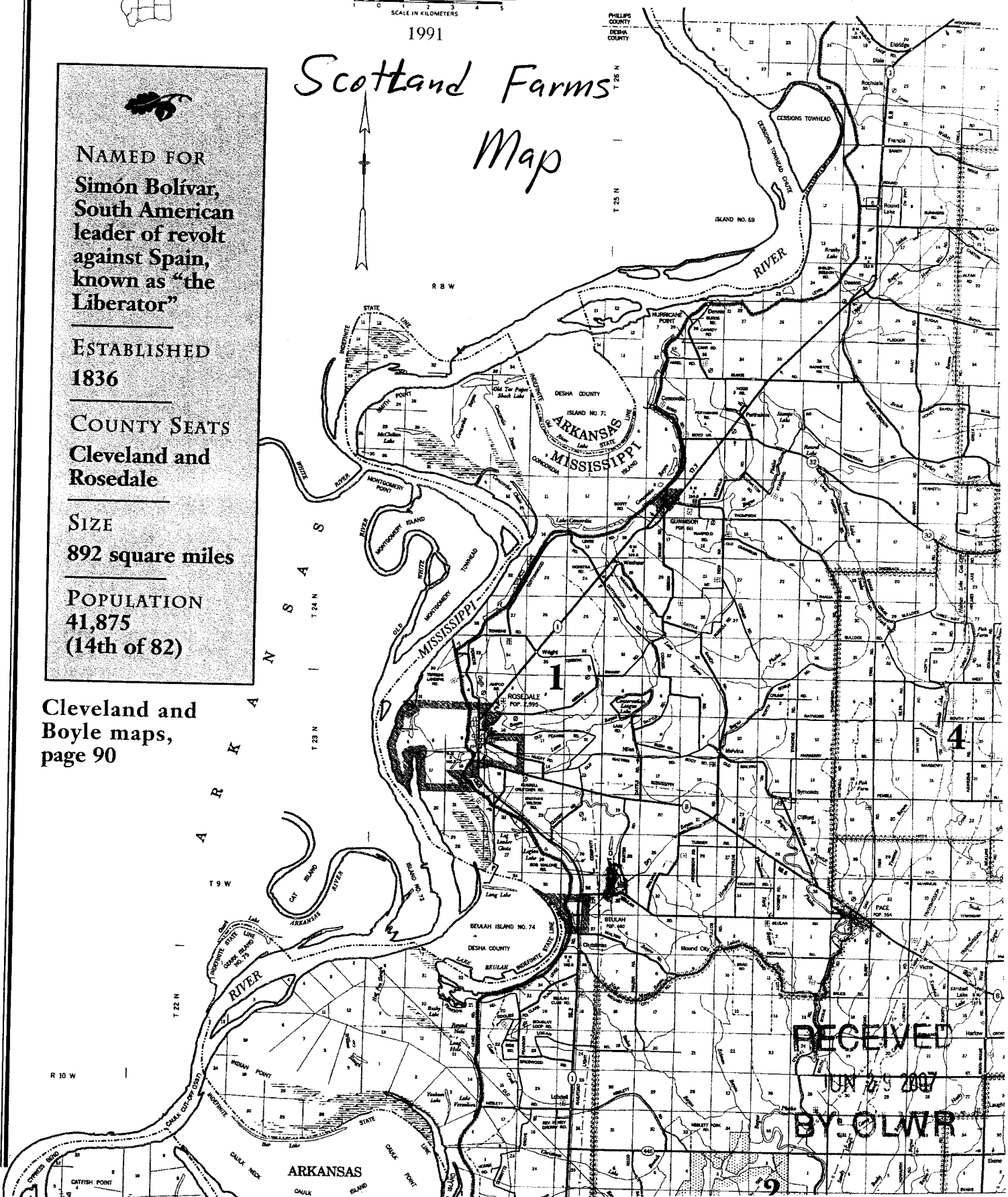
ESTABLISHED
1836

COUNTY SEATS
Cleveland and
Rosedale

SIZE
892 square miles

POPULATION
41,875
(14th of 82)

Cleveland and Boyle maps, page 90



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