

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-219
L. S. Elevation:
E-log #:

Courty: Boliver
Permit #: 60041864
Irrigation Equipment
Driller:
Date drilling completed: 6-6-07

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: Owner Name Harper Ross Farms, Mailing Address P.O. Box 859, Leland Ms. 38756. Well Location: Latitude 33° 50' 31.9", Longitude 90° 55' 11.6", Method of Lat/Long Conventional Survey, SW 1/4 NW 1/4 Sec 15, Twn 23N Rng 7W, Distance 4 Miles, Direction E, Nearest Town Rosedale.

Well Data: Purpose of Well Irrigation, Date well drilling started 6-6-07, Date well drilling completed 6-6-07, Static Water Level 34 feet, Method of Measurement steel tape, Hole depth 125, Well depth 125, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 85 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 86 feet to 125 feet, Type of completion Gravel packed.

Name of organization running log(s): Irrigation Equipment Inc. Patrick M. Chism 0695. 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. 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 #: CC 41864
 Driller: _____
 Date completed: 6-6-07

For Office Use Only:

Aquifer: _____
 Well #: F-219
 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>Harper Ross Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 859</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leland Ms. 38756</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 17 Twn 23N Rng 7W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles E of Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-7-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800</u> [±] Gallons Per Minute	Number of Stages: <u>2</u>

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

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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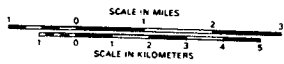
OLIVAR COUNTY

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OLW 41864



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Harper Ross Farms Map

