

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: Carroll
Permit #: GW41053
Irrigation Equipment
Driller: _____
Date drilling completed: 5-2-06

For Office Use Only:
Aquifer: _____
Well #: D-71
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>Henderson Investment</u> | Latitude: <u>33 ° 28 ' 33 . 2</u> Longitude: <u>90 ° 04 ' 50 . 5</u> |
| Mailing Address: <u>805 W Park Ave.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Greenwood, MS 38930</u> | <u>NE 1/4 SW 1/4 Sec 27</u> ✓ <u>Twn 19N</u> ✓ <u>Rng 2E</u> ✓ |
| City State Zip Code <u>Greenwood, MS 38930</u> | SW Distance Direction Nearest Town <u>10 Miles West</u> of <u>Carrollton</u> |
| Telephone No. <u>(662)-453-5153</u> | Cat-Tract |

Well Data

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

Date well drilling started: 5-2-06 Date well drilling completed: 5-2-06

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

Static Water Level: 6' feet above or below (circle one) land surface Date measured: 5-12-06

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: 16 inches Type of casing: PVC Sch. 40

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

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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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)

County: Carroll
 Permit #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 5-2-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D71
 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>Henderson Investment</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>805 W. Park Ave.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Greenwood, MS 38930</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 27 T 19N R 2E</u> |
| <u>662-453-5153</u> | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>10 Miles West of Carrollton</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>5-12-06</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>3</u> |

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| 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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| 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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer