| | State We | II Report | For Office Use Only: |
|--|----------------------------|--------------------------------|--------------------------------------|
| Conhoma | Pa | nt 1 | Amifer. |
| Coahoma | Mississippi Department | of Environmental Quality | Well #: 12-5/2 3/ |
| rigation Equipment | Office of Land an | d Water Resources ox 10631 | |
| Aciler | Jackson, M. | S 39289-0631 | L. S. Elevation: |
| Date drilling completed: 6-5-06 | (601)9 | 61-5210 -6938 (fax) | E-log #: |
| | | | |
| State Law requires that this repo | rt be prepared by the | driller in detail and filed v | vith the Department wants |
| 26 dove of completion of drums | UL LEG VI. CO. | We | I Location |
| Well Owner Informs | tion | 34 13 55.6 | 5 " Longitude: 90, 30, 21, 9 |
| Owner Name Heaton Farms | 3 | | |
| · · · · · · · · · · · · · · · · · · · | | Method of Lat/Long (circle o | one): Conventional Survey, |
| Mailing Address: Box 158 | | NEUSGS quad, Hand-bel | d GPS. Survey-grade GPS |
| | | NE DE DE D | - 27N p- 3W |
| | 20545 | <u>→ 4 NE % Scc 9</u> | Twn 27N Rng 3W |
| | 38645 te Zip Code | Distance Direction | Nearest Town |
| City Sta | le Zipcoz | Distance Direction Miles East | of Lyon |
| Telephone No. () | | | |
| | Wei | Data | |
| : | | Trication Fish Culture | Replacement |
| Purpose of Well (circle one) Home Inc | instrial Public Supply | | |
| Date well drilling started: 6-5-0 | Date Date | well drilling completed: | 6-5-06 |
| | Office (| describe) | |
| If flowing, method of flow regulation: Va | | The made water | 4 6-6-06 |
| If flowing, method of flow regulation: Value Static Water Level: 14 feet a | bove of below (circle one) | land surface Lane measure | |
| I see a car | etcel time electric tap | e air hine outet | |
| Hole depth: 124 Well de | 124 | Well ground to a depth of | f 10 feet |
| Hole depth: 124 Well of | 7 11 | | |
| Type of grout (circle one): Cement | Bentonite Min | | į |
| Casing length: 84 feet Cas | ing diameter: 12 | inches Type of casing | PVC 160 |
| Care | | | PVC 160 |
| Sefect tenben | reen diameter: 12 | 85 | 124 feet |
| Screen slot size: o 50 inches | Setting depth: From | fcct to | |
| Type of completion (circle all applicable |): Gravel packet Use | ierreamed Telescoped O | pen hole Natural Development |
| Type of combienou (cuese an apprena | | | |
| | Other (describe): | | n the street |
| Top of lap pipe or reduction in casing: | feet. If | telescoped or more than one | e screen, describe on back of page |
| Logs run (circle all applicable): (No log | Flectric Gamma R | tay Density Sonic Neutro | on Other: |
| | * t | | |
| Name of organization running log(s): I certify that the well was drilled, con | | in accordance with all spelic | able requirements of the Mississippi |
| I certify that the well was drilled, con Department of Environmental Qualit | SITUCKES, MAI COM PERSON | Department of Health result | ations and state laws. |
| Department of Environmental Qualit | y and/or the Museusupp | 1171 | mall |
| Irrigation Equip | ment inc. | Paho | 1. Chm |
| Patrick M. Chis | | Signatu | ne of Water Well Contractor |

Print Name of Water Well Contractor and License No.

Replace Gw- 38888

JUN 22 2006

YMD JOINT WATER MANAGEMENT DISTRICT

| County: | Coahoma | _ |
|----------------------|------------------------------|---------|
| | Cic 41132 gation Equipmen | ٠. |
| Irri Driller: _ | gation Equipmen | nt - |
| Date drill | ing completed: $6-5-06$ | _ |
| ļ | - | |

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 #: K-8 |
| L. S. Elevation: |
| E-log #: |

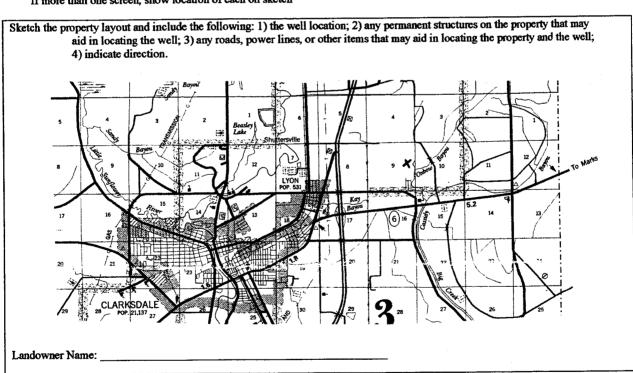
at this report be prepared by the driller in detail and filed with the Department within

| 20 44,3 01 | completion of drilling of the well. Well Owner Information | Well Location |
|-------------------|---|---|
| | Heaton Farms | Latitude: 34 13 55.6 " Longitude: 90. 30. 21 .9 |
| Owner Name | | 55 22 |
| Mailing Address: | Box 158 | Method of Lat/Long (circle one): Conventional Survey, |
| | | USGS quad, Hand-held GPS, Survey-grade GPS |
| _ | | SE 14 NE 14 Sec 9 Twn 27N Rng 3W |
| | Lyon, MS 38645 | |
| į | City State Zip Code | Distance Direction Nearest Town 2 Miles East of Lyon |
| Telephone No. (|) | |
| | | ell Data |
| • | | Replacement |
| Purpose of Well | (circle one) Home Industrial Public Suppl | y Urrigation Fish Culture Other: |
| Date well drillin | | ate well drilling completed: $6-5-06$ |
| | | er (describe) |
| It flowing, meth | lod of How regulation. Valve | 6-6-06 |
| Static Water Lev | vel: 14 feet above of below (circle o | ne) land surface Date measured: 6-6-06 |
| Method of Meas | surement (circle one) steel take electric | tape air line other: |
| | | Well grouted to a depth offeet |
| | | |
| - | choice one). | Mix |
| Casing length: | 84 feet Casing diameter: 12 | inches Type of casing: PVC 160 |
| Screen length: | 40 feet Screen diameter: 12 | inches Type of screen: <u>PVC 160</u> |
| | . 050 inches Setting denth: Fix | om 85 feet to 124 feet |
| Screen slot size | ii iii iii iii ii ii ii ii ii ii ii ii | July Network Development |
| Type of comple | etion (circle all applicable): Gravel packed U | Inderreamed Telescoped Open hole Natural Development |
| | Other (describe): | |
| Tfli | e or reduction in casing: feet. | If telescoped or more than one screen, describe on back of page |
| | | |
| Logs run (circle | e all applicable): (No log run/ Electric Gamma | Ray Density Sonic Neutron Other: |
| Name of organ | ization running log(s): | I I I I I I I I I I I I I I I I I I I |
| I certify that t | the well was drilled, constructed, and complete | d in accordance with all applicable requirements of the Mississipp |
| Department o | of Environmental Quality and/or the Mississip | pi Department of Health regulations and state laws. |
| | Igation Equipment Inc. | Valid Michael |
| | | Department of Health regulations and state laws. Signature of Water Well Contractor? |
| Print Name of | Water Well Contractor and License No. | Signature of water well contractor (|
| I | | $\sim 10^{-1}$ |
| | | -1. Up |

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|--|
| Clay | 0 | 51 |
| Fine Sand/gravel | 52 | 62 |
| Fine Sand/gravel Med. Sand/gravel | 63 | 124 |
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Coahoma

Permit# (11/3)
Irrigation Equipment

County:

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: | 3 |
| Well #: | -81 |
| Elevation: | |

Driller: __ Date completed: $_{-}6-5-0.6$ (601)354-6938 (fax) Copy information from block on Part 1 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 Location Well Owner Information Heaton Farms Owner Name: Latitude: Longitude: Box 158 Method of Lat/Long (check one): Conventional Survey____, Mailing Address: USGS_quad____, Hand-held GPS___, Survey-grade GPS___ Æ ¼ NE¼ Sec 9 T 27NR 3W 38645 Lyon Zip Code State Nearest Town Direction Distance Miles East of Lyon Telephone No. (____) Pump Type Power Type Circle one Circle one **Natural Gas** Air Lift let Submersible Diesel Engine Gasoline Engine Tractor PTO Turbine Hand Bucket Piston Electric Motor Other (specify): ___ Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor. Other (specify): Setting Depth: _____60 6-6-06 Date Pump Installed: feet Rated Pump Capacity: 1500 Number of Stages: ___Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Electric Measuring Line Steel Tape Air Line 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 at Patrick M. Chism 0695 | the true to the best of my knowledge. |
|--|---|
| Print Name of Pump Installer and License No. (if | applicable) Signature of Pump Installer |

Form: OLVIR OLWR-18 2006
JUN 26 2006
BY: OLWP