

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 #: N-195
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: GW42928
Irrigation Equipment
Driller: _____
Date drilling completed: 11-10-08

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>Smith Planting Co.</u> | Latitude: <u>34.02.19</u> Longitude: <u>90.39.04</u> |
| Mailing Address: <u>P.O. Box 127</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Alligator Ms. 38724</u> City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 18 Twn 25N Rng 4W</u> |
| Telephone No. <u>662 624-4430</u> | Distance Direction Nearest Town <u>3 Miles NW of Roundaway</u> |
| Well Data <u>Old Well 16" Steel 14'SW</u> | |
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other Replacement</u> | |
| Date well drilling started: <u>11-10-08</u> Date well drilling completed: <u>11-10-08</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____ | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>110</u> Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>71</u> feet to <u>110</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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. John P. Chism 0439 | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor |

Tommy Peacock contracted with us to drill well
He will set the pump.

RECEIVED

NOV 20 2008

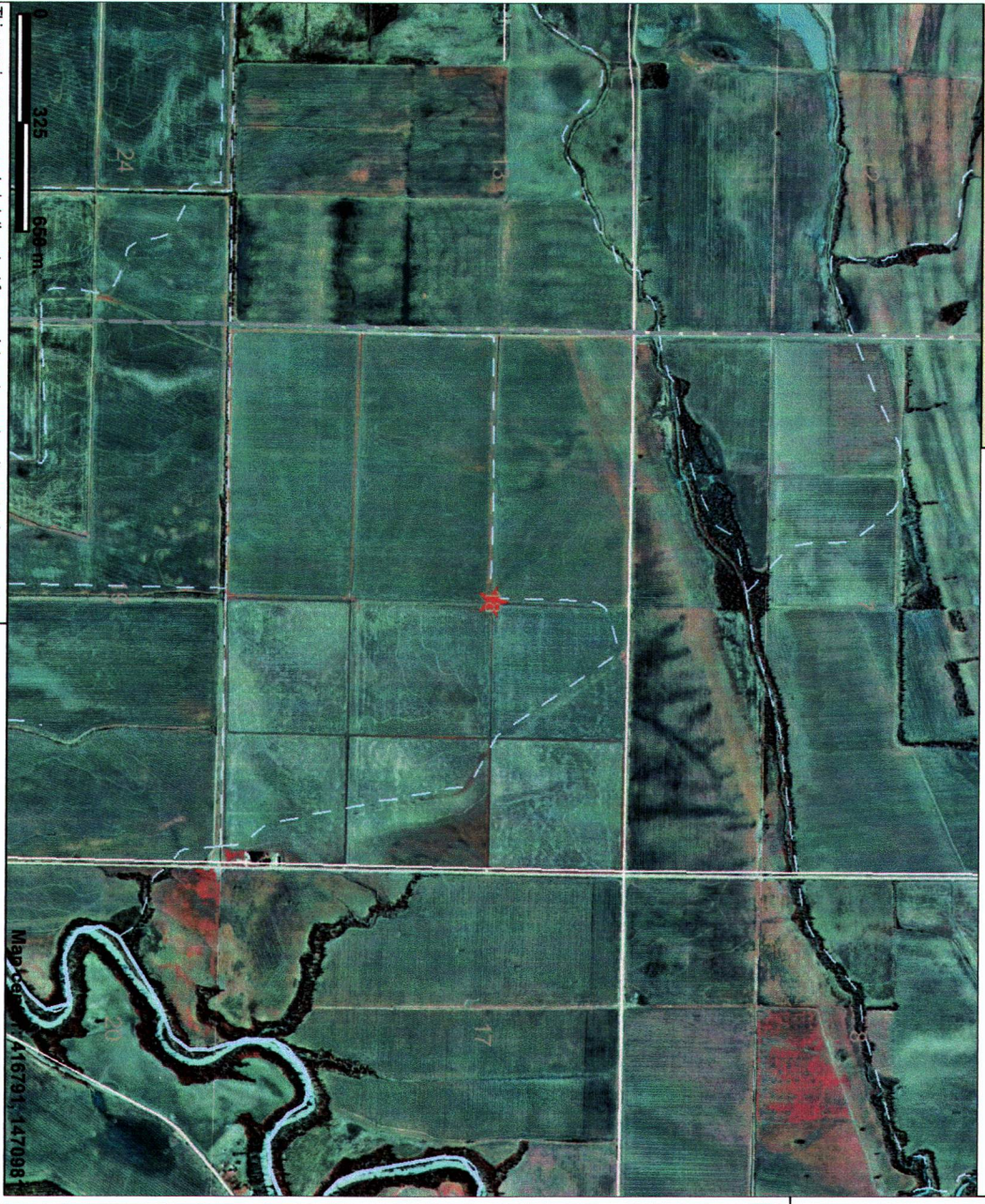
BY: OLWR

N-145



MARIS
Online Maps

Smith Planting Co.



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

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BY: OLWR

Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US 7 State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inundated areas
- Marsh or swamp
- Water
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)



Scale: 1:17,836



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)

For Office Use Only:

Aquifer: _____

Well #: N-145

Elevation: _____

County: Coahoma
 Permit #: _____
 Driller: _____
 Date completed: 1-9-09
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 Owner Information | Well Location |
|--|---|
| Owner Name: <u>Smith Planting Co.</u> Mailing Address: <u>P.O. Box 127</u> <u>Alligator MS 38724</u> <small>City State Zip Code</small> Telephone No. <u>662, 624-4430</u> | Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 SE 1/4 Sec 18 T25N R 4W</u> Distance _____ Direction _____ Nearest Town _____ <u>3 Miles NW of Roundaway</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ | <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2-12"</u> |
| Date Pump Installed: <u>1-9-09</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ Static Water Level (A): <u>38'</u> 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 <u>Steel Tape</u> 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.
Peacock's Pump & Repair Inc 0-7289 Tommy Peacock Sr.
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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 FEB 06 2009
 BY: OLWR