

County: Issaquena
 Permit #: GW 43534
 Driller: Irrigation Equipment
 Date drilling completed: 9-11-09

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 #: A130
 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>Wade Farms</u>	Latitude: <u>32° 59' 23"</u> Longitude: <u>90° 58' 08"</u>
Mailing Address: <u>C/O Jason Wade</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 217</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Grace Ms. 38745</u>	<u>SE 1/4 NE 1/4 Sec 12 Twn 13N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 873-1919</u>	<u>3 Miles SE of Grace</u>

Well Data

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

Date well drilling started: 9-11-09 Date well drilling completed: 9-11-09

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

Static Water Level: 17 feet above of below (circle one) land surface Date measured: 9-21-09

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 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 82 feet to 121 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.
John P. Chism 0439
 Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor [Signature]

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If well telescopes please sketch below and show depths.

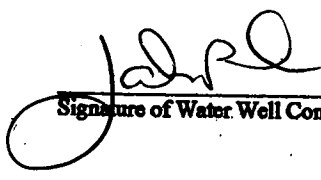
Ground Level _____

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	38
Fine Sand + Gravel	39	65
Medium Sand + Gravel	66	118
Clay	119	121

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: Wade Farms

 _____
 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: Issaquena
Permit #: _____
Irrigation Equipment
Driller: _____
Date completed: 9-11-09

For Office Use Only:

Aquifer: _____
Well #: A130
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>Wade Farms</u>	Latitude: <u>32 59 23</u> Longitude: <u>90 55 08</u>
Mailing Address: <u>C/O Jason Wade</u> <u>P.O. Box 217</u> <u>Grace Ms. 38745</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 12 Twn 13N Rng 8W</u>
Telephone No. <u>662 873-1919</u>	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Grace</u>

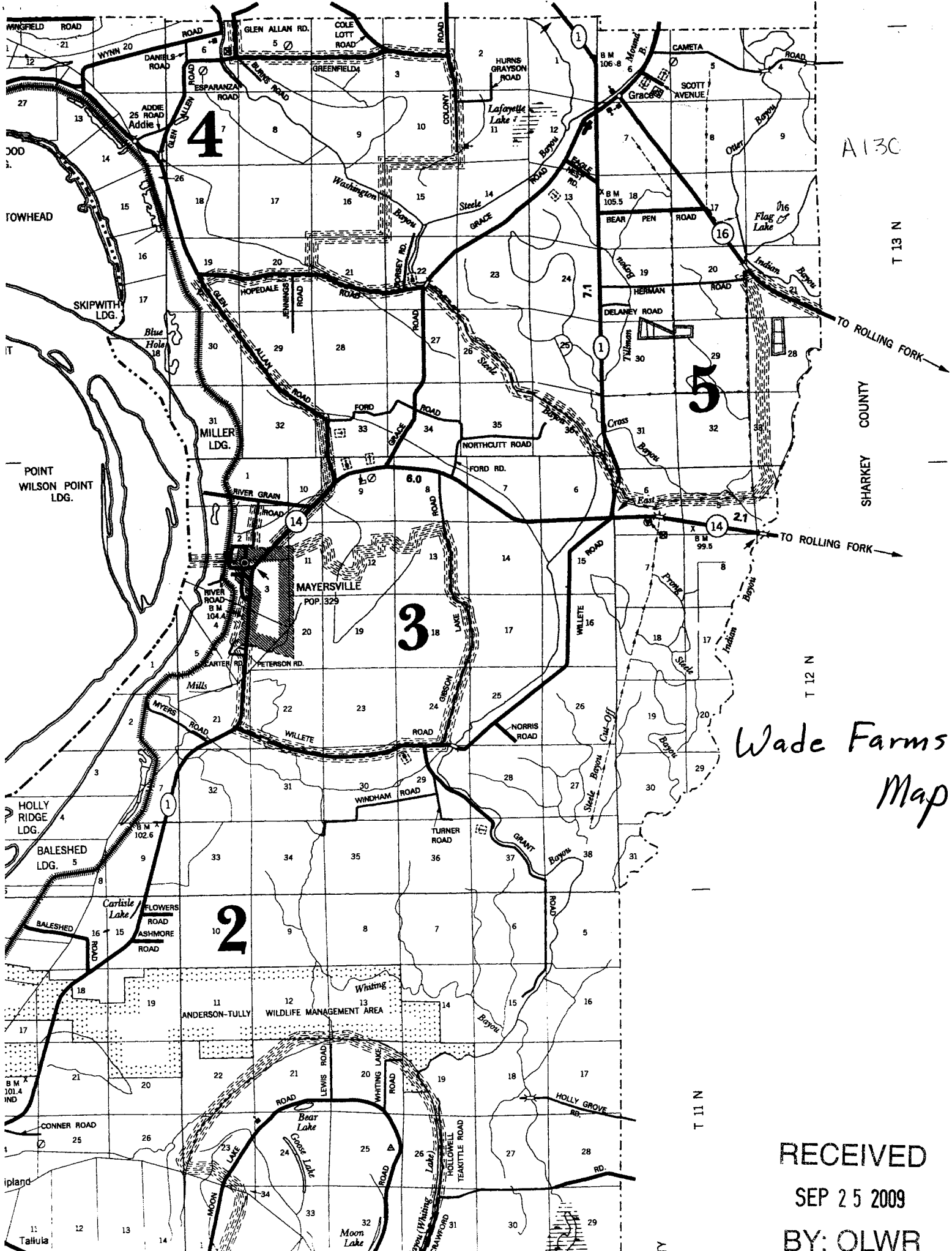
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-21-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Number of Stages: <u>1</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.

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable) John P. Chism
Signature of Pump Installer

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SEP 25 2009
BY: OLWR



A130

T 13 N

SHARKEY COUNTY

T 12 N

Wade Farms Map

T 11 N

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