

County: Leflore
 Permit #: GW-44416
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-5-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

156

For Office Use Only:
 Aquifer: A 284
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Davidson Farms III</u> Mailing Address: <u>1126 Hwy 8</u> <u>Ruleville Ms. 38771</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33.43.38.4</u> Longitude: <u>90.26.51.4</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 31 Twn 21 N Rng 2 W</u> Distance Direction Nearest Town <u>5</u> Miles <u>East</u> of <u>Ruleville</u></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Well / Borehole Data

Date drilling started: 7-5-10 Date drilling completed: 7-5-10 Hole depth: 114 Hole diameter: 24"
 Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
 Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block
 Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: Replacement
 If a flowing well, 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): (steel tape) electric tape air line other: _____
 Well depth: 114 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
 Casing length: 74 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 75 feet to 114 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 next page*

Old Well 16" Steel 25' West

Form: OLWR-SWR-1A (04/08)

RECEIVED
 AUG 13 2010
 BY: OLWR

156

County: Leflore
 Permit #: GW-44416
 Irrigation Equipment
 Driller:
 Date completed: 7-5-10
Copy information from block on Part 1

STATE WELL REPORT
Part 2
 Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: A154
 Well #: _____
 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>Davidson Farms III</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1126 Hwy 8</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ruleville Ms. 38771</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 31 T21N R 2W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>5 Miles East of Ruleville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

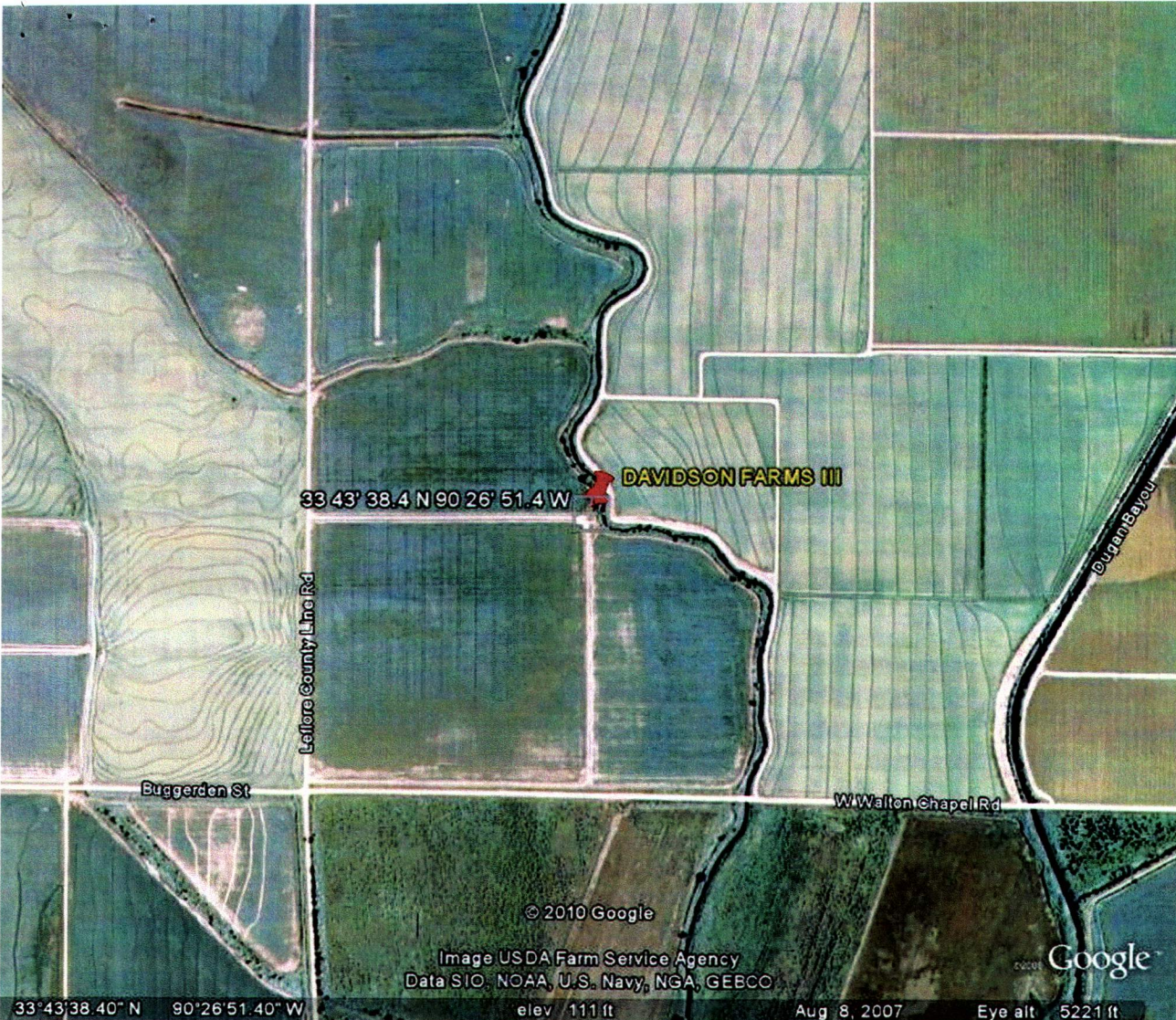
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-16 (07-09)

Pump information not available at this time. Customer has delayed moving pump to new well.

RECEIVED
 AUG 13 2010
 BY: OLWR

156
A 154



RECEIVED
AUG 13 2010
BY: OLWR