1/1.51	· State V	Vell Report	For Office Use Only:	•
1 - Letlore	Jississimai Danada	Part 1	1	
7000	Office of Land:	at of Environmental Quality and Water Resources	Aquifor // / / /	
Irrigation Equipment	P.O. 1	Вох 10631	Well #:	
Date drilling completed: 7-3-08		AS 39289-0631 1961-5210	L. S. Elevation:	
,		4-6938 (fax)	E-log#:	ļ
State Law requires that this report 30 days of completion of drilling of	t be prepared by the f the well	driller in detail and filed w	rith the Department within	
Well Owner Information	n .	Well	Location	
Owner Name Buckhorn		Latitude: 33 · 39 · 15.9	7 Longitude: 90 · 23 · 3.2 . 8	>
Mailing Address: 40 Hven Wh	nittington	Method of Lat/Long (circle on	e): Conventional Survey,	
P.O. Box 21	' <i>)</i>		GPS, Survey-grade GPS	
Schlater Ms.		NW SE x soc 27	7 Twn 21W Rng 2W	
City** State	Zip Code	Distance Direction 7	Nearest Town of Schlater	, 1
Telephone No. ()			"_SCHIMIEK	•
*-	Well D	ata	•	
Purpose of Well (circle one) Home Industri	ial Public Supply	Irrigation Fish Culture	Other:	are.
Date well drilling started 7-3-00	0	ell drilling completed:	7-3-08	
If flowing, method of flow regulation: Valve				
117		nd surface Date measured:	7-4-08	
Method of Measurement (circle one) (steel to	~~	air line other:		
Hole depth: 12 Well depth:	121	Well grouted to a depth of	10 feet	
Type of grout (circle one): Cement B	entonite Mix		icci .	
Casing length: S feet Casing dis	1/2	inches Type of casing:	PVC	≱af -
Screen length: 40 feet Screen die	11	inches Type of screen:	PVC	
n n	ctting depth: From	82 feet to 1-	2 / feet	
Type of completion (circle all applicable): Gra	avel packed Underre			
Od	her (describe):		•	
Top of lap pipe or reduction in casing:	feet. If teles	coped or more than one screen	n, describe on back of page	
Logs run (circle all applicable) No log run El		Density Sonic Neutron Of	,,	
Name of organization running log(s):			and have but have	(177)
I certify that the well was drilled, constructed, Department of Environmental Constitutes of Con	, and completed in acc	ordance wife all applicable re	quirements di de Mississipp	AEN
Department of Environmental Quality and/or Irrigation Equipment In	uie Mississippi Depar C	tment of Health regulations at		
The fact 1 1 1 1 1 1 1 1 1	695	1000	> JUL 21	2003
Print Name of Water Well Contractor and Licens	se No.	Signature of Wa	ster Well Contractor MD JOINT	WATER
11700			MANAGEMEN	F DISTRICT

/ 61	State W	ell Report	Parott O.I.	
county: Letlore	Part 1		For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #: (C(C) () Q(C)	Office of Land a	and Water Resources	Well #: C - 157	
Irrigation Equipment		Box 10631	wai #:	
Date drilling completed: 7-3-08	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:	
	(601)35	4-6938 (fax)	E-log #:	
			•	
State Law requires that this repo	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within	
Well Owner Informa		Well	Location	
Owner Name Buckhorn	er Name Buckhorn Plantation Latitude: 33.39.15.9 Longitude: 90.23.32.8			
	hittington	Method of Lat/Long (circle or	ne): Conventional Survey,	
P.O. Box 2	211	USGS quad, Hand-held	GPS, Survey-grade GPS	
Schlater M		NW45E4 Sec 27	$7_{\text{Twn}} \frac{21N}{R_{\text{ng}}} \frac{2W}{R}$	
City State	Zip Code	Distance Direction	Nearest Town of Schlater	
Telephone No. ()		MIRCS	or Schlater	
*	Well I) ata	· · · · · · · · · · · · · · · · · · ·	
<u>.</u>		/ata		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started:/ 3-6	28 Date w	vell drilling completed:	7-3-08	
If flowing, method of flow regulation: Valve	eOther (de	escribe)		
Static Water Level: 47 feet above of below (circle one) land surface Date measured: 7-4-08				
Method of Measurement (circle one)	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: 6eet Casing	diameter: 16	inches Type of casing:	PVC	
Screen length: 40 feet Screen	diameter:/6	_inches Type of screen:	PVC	
Screen slot size:	Setting depth: From	82 feet to 1-	21 feet	
Type of completion (circle all applicable):	Gravel packed Underre	eamed Telescoped Open l	nole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one scre	en, describe on back of page	
Logs run (circle all applicable) No log run	Electric Gamma Ray	Density Sonic Neutron C	Other:	
Name of organization running log(s): I certify that the well was drilled, construct	ted, and completed in a	condense with all analysis -	wine at a A a Ministra	
Department of Environmental Quality and Irrigation Equipment	Inc	urtment of Health regulations		
Patrick M. Chism	0695	1000		
Print Name of Water Well Contractor and Lic	cense No.	Signature of V	Vater Well Contr Boy: OLWR	

61142631

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay Fine Sand + Gravel Medium Sund + Gravel	0	29
Fine Sand + Grave	30	39
Medium Sund + (irave)	40	121
·		

If more than one screen, show location of each on sketch

Cleatob sho		the following: 1) the well location; 2) any permanent structures on the property that may
DESCRIPTING	property layout and include	the following: I) the well location: 2) any permanent characterists on the assessed of
		and the property that may
	aid in locating the well;	any roads, power lines, or other items that may aid in locating the property and the well;
	At the Control of the	, —3 Power many or care near may and in locating the property and the well;
	4) indicate direction	

Landowner Name: Buckhorn Plantation

Signature of Water Well Contractor

HECEIVED

JUL 18 2008

BY: OLWR

STATE WELL REPORT

Irrigation

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality

For Office Use Only:
Aquifer:
Well #:

Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 Date completed: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW4SE 4 Sec 27 Twn 2/N Rng 2W Distance Direction Nearest Town Telephone No. (Miles NW of Sch Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: 2800 Gallons Per Minute Number of Stages: Pomp 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 Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ____ fect after

I HEREBY CERTIFY that the above statements are true to the best of my providings.

Patrick M. Chism Print Name of Pump Installer and License No. (if applicable)