

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 #: C161
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: 42750
 Irrigation Equipment
 Dealer: _____
 Date drilling completed: 7-18-08

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>Buckhorn Planting Co.</u> | Latitude: <u>33.38.59.9</u> Longitude: <u>90.23.31.2</u> |
| Mailing Address: <u>90 Aven Whittington</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>P.O. Box 211</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Schlater Ms. 38952</u> | <u>NW 1/4 NE 1/4 Sec 34 Twn 21N Rng 2W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () | <u>2 Miles W of Schlater</u> |

Well Date: Old well 1/6 1/2 Sec 160 West

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

Date well drilling started: 7-18-08 Date well drilling completed: 7-18-08

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 7-18-08

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 85 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 see back feet to _____ 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
 Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor: [Signature]

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 AND JOINT WATER MANAGEMENT DISTRICT

42750

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 #: C-161
L. S. Elevation:
E-log #:

County: Leflore
Permit #: 0042790
Driller: Irrigation Equipment
Date drilling completed: 7-18-08

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: Buckhorn Planting Co., 90 Aven Whittington, P.O. Box 211, Schlater Ms, 38952
Well Location: Latitude: 33.38.59.9, Longitude: 90.23.31.2, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4 Sec 34, Twn 21N, Rng 2W, Distance: 2 Miles, Direction: W, Nearest Town: Schlater

Well Data: Old well 16" steel 60' West
Purpose of Well: Irrigation, Fish Culture, Other Replacement
Date well drilling started: 7-18-08, Date well drilling completed: 7-18-08
If flowing, method of flow regulation: Valve, Other (describe)
Static Water Level: 48 feet above or below (circle one) land surface, Date measured: 7-18-08
Method of Measurement: steel tape, electric tape, air line, other
Hole depth: 125, Well depth: 125, Well grouted to a depth of 10 feet
Type of grout: Cement, Bentonite, Mix
Casing length: 85 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 see back feet to feet
Type of completion: 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: 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
Patrick M. Chism 0695
Signature of Water Well Contractor: [Signature]

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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: Leflore
 Permit #: CCW 10750
 Irrigation Equipment
 Driller: _____
 Date completed: 7-18-08

For Office Use Only:

Aquifer: _____
 Well #: C-161
 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>Buckhorn Planting Co.</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1/2 Aven Whittington</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>P.O. Box 211</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Schlater Ms. 38952</u> | <u>NW 1/4 NE 1/4 Sec 34 Twn 21N Rng 2W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>2 Miles W of Schlater</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>7-18-08</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>2300±</u> Gallons Per Minute | Number of Stages: <u>2</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 |
| 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 are true to the best of my knowledge.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

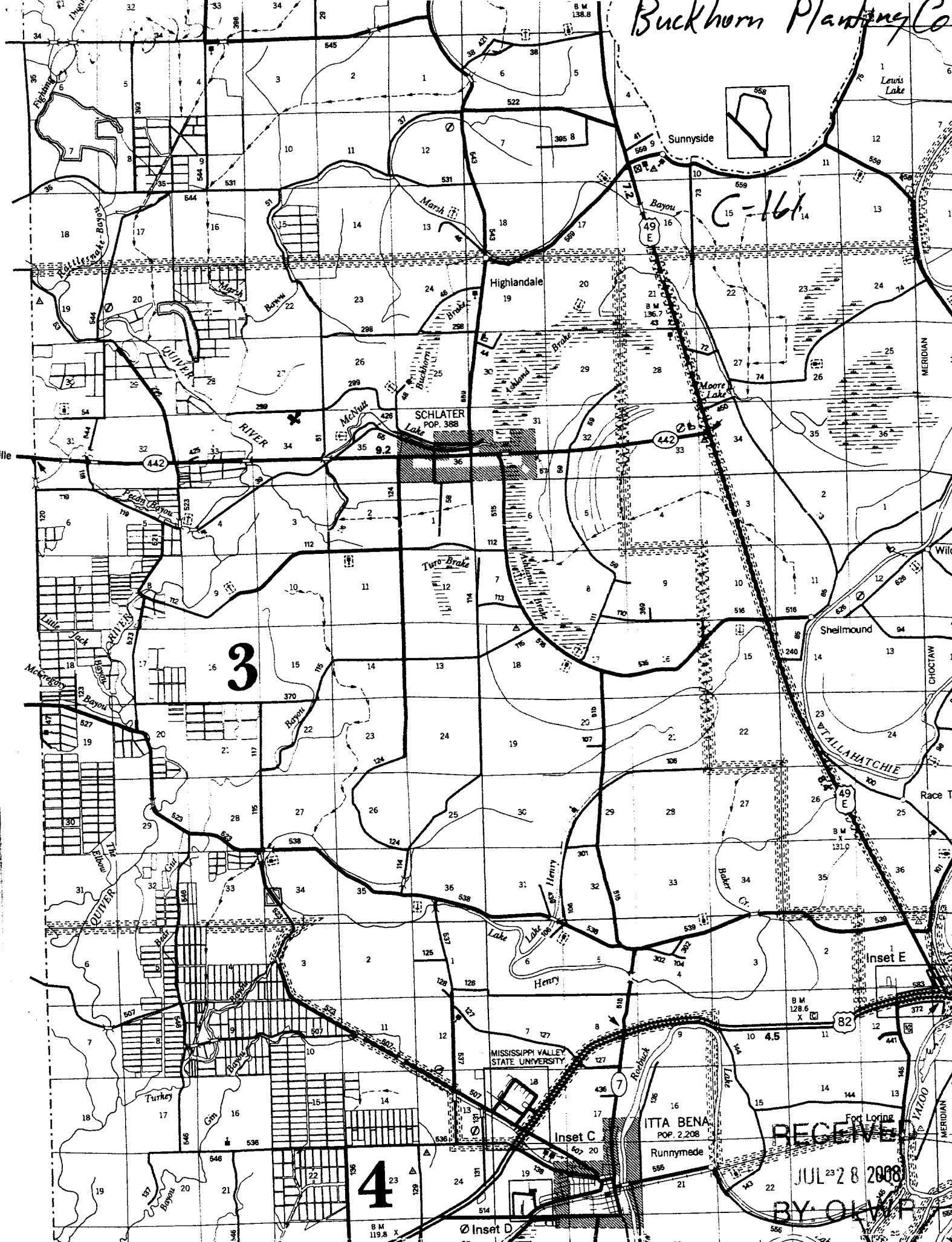
Patrick M. Chism
 Signature of Pump Installer

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JUL 28 2008

BY: OLWR

Buckhorn Planting Co.



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POP. 388

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POP. 2,208

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