

State Well Report

Part I

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 #: G-130
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW41905
Irrigation Equipment
Driller: _____
Date drilling completed: 5-25-07

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>Brown Farms</u>	Latitude: <u>33° 36' 35.6"</u> Longitude: <u>90° 16' 39.9"</u>
Mailing Address: <u>P.O. Box 9</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	<u>NE</u> <u>SE</u> <u>SW</u> <u>NW</u> 1/4 Sec <u>1P</u> Twn <u>20N</u> Rng <u>1W</u>
City State Zip Code	Distance <u>4</u> Miles Direction <u>SE</u> of Nearest Town <u>Schlater</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 5-25-07 Date well drilling completed: 5-25-07

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 5-26-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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

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G-130

If well telescopes please sketch below and show depths.

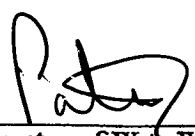
Ground Level

Description of Formations Encountered	From	To
Fine Sand	0	17
Clay	18	27
Medium Sand	28	37
Course Sand	38	67
Course sand + Pea Gravel	68	107
Course sand + Rock	108	127

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: Brown Farms


 Signature of Water Well Contractor

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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 #: GW41905
 Driller: Irrigation Equipment
 Date completed: 5-25-07

For Office Use Only:

Aquifer: _____
 Well #: G-130
 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>Brown Farms</u> Mailing Address: <u>P.O. Box 9</u> <u>Schlater Ms. 38952</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <small>USGS quad, Hand-held GPS, Survey-grade GPS</small> <u>NW 1/4 SW 1/4 Sec. 11 Twn 20N Rng 1W</u> Distance Direction Nearest Town <u>4 Miles SE of Schlater</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>5-26-07</u>	Horse Power Rating of Motor: <u>30</u>
Rated Pump Capacity: <u>1150 ±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	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.

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


 Signature of Pump Installer

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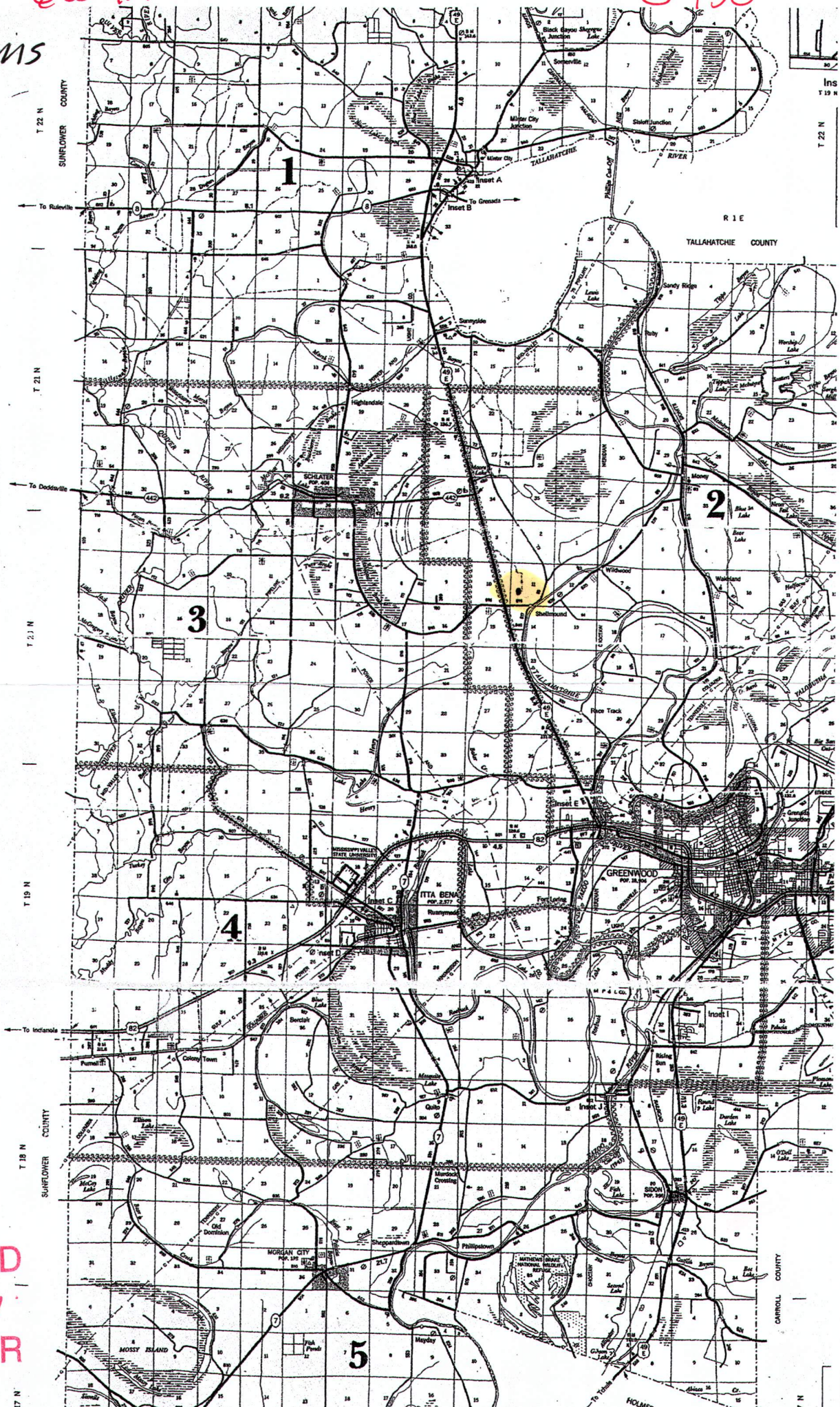
BY: OLWR

6W41905

G-130

Brown Farms Map

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