

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 #: H-148
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW40368
Irrigation Equipment
Driller: _____
Date drilling completed: 10-4-05

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>Yalo Bush Farms</u> Mailing Address: <u>c/o David Conway</u> <u>7600 County Road 350</u> <u>Greenwood, MS 38930</u> City State Zip Code Telephone No. () _____ | Latitude: <u>33.35 98N</u> Longitude: <u>90.06.69W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 17 Twn 20N Rng 2E</u> Distance Direction Nearest Town <u>6 Miles NE of Greenwood</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-4-05 Date well drilling completed: 10-4-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 13' feet above of below (circle one) land surface Date measured: 10-5-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 96' Well depth: 96' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 56 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 57 feet to 96 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

Patrick M. Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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BY OLW: F

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 #: OW 40368
 Irrigation Equipment
 Driller: _____
 Date completed: 10-5-05

For Office Use Only:

Aquifer: _____
 Well #: H-148
 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>Yalo Bush Farms</u> <u>c/o David Conway</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>7600 County Road 350</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Greenwood, MS 38930</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | NE <u>17</u> NW <u>20N</u> 2E _____ ¼ _____ ¼ Sec _____ Twn _____ Rng _____ |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>6</u> Miles <u>NE</u> of <u>Greenwood</u> |

| Pump Type Circle one | Power Type Circle one |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | 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>10-5-05</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>3</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 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 29 2005

BY OLWR