

County: Leflore
 Permit #: 01042674
 Irrigation Equipment
 Driller:
 Date drilling completed: 6-25-08

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 #: M-119
 L. S. Elevation:
 E-log #:

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>Fitts Farms</u>	Latitude: <u>33.27.10.3</u> Longitude: <u>90.24.48.2</u>
Mailing Address: <u>10 Paul Fitts Lane</u>	Method of Lat/Long (circle one): <u>10</u> Conventional Survey, <u>48</u>
<u>Moorhead Ms. 38761</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 4</u> Twn <u>18N</u> Rng <u>2W</u>
Telephone No. ()	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Itta Bena</u>

Well Data

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

Date well drilling started: 6-25-08 Date well drilling completed: 6-25-08

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 6-26-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 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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 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 #: 000421-24
 Irrigation Equipment
 Driller: _____
 Date completed: 6-25-08

For Office Use Only:

Aquifer: _____
 Well #: M-119
 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>Fitts Farms</u> Mailing Address: <u>10 Paul Fitts Lane</u> <u>Moorhead Ms. 38761</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec. 4 Twn 18N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles SW of Itta Bena</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>6-26-08</u> Rated Pump Capacity: <u>2200[±]</u> Gallons Per Minute	

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

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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JUL 11 2008
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