

069

County: Leflore
 Permit #: 6W43006
 Irrigation Equipment
 Driller:
 Date drilling completed: 2-6-09

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 #: 0-69
 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>Sims Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16517 County Rd 511</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sidon Ms. 38954</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 30 Twn 18N Rng 1 E</u>
Telephone No. <u>(662) 299-5775</u>	Distance Direction Nearest Town
	<u>3 Miles SW of Sidon</u>

Well Data

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

Date well drilling started: 2-6-09 Date well drilling completed: 2-6-09

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 2-6-09

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor John P. Chism

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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)

County: Leflore
Permit #: GW43006
Driller: Irrigation Equipment
Date drilling completed: 2-6-09

For Office Use Only:
Aquifer: _____
Well #: Q-69
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>Sims Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16517 County Rd 511</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Sidon</u> <u>Ms.</u> <u>38954</u>	<u>SW 1/4 SW 1/4</u> Sec <u>30</u> Twn <u>18N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 299-5775</u>	<u>3</u> Miles <u>SW</u> of <u>Sidon</u>

Well Data

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

Date well drilling started: 2-6-09 Date well drilling completed: 2-6-09

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 2-6-09

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

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Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

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Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

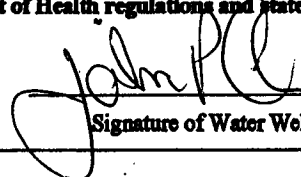
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Q-69

Ground Level

GW43006

Description of Formations Encountered	From	To
Clay	0	23
Fine Sand	24	49
Fine Sand & Gravel	50	58
Medium Sand & Gravel	59	120

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: Sims Farms

[Signature]
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 #: 6W43006
 Irrigation Equipment
 Driller: _____
 Date completed: 2-6-09

For Office Use Only:

Aquifer: _____
 Well #: Q-69
 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>Sims Farms</u> Mailing Address: <u>16517 County Rd. 511</u> <u>Siden</u> <u>Ms.</u> <u>38954</u> <small>City State Zip Code</small> Telephone No. <u>662 299-5775</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 30 Twn 18N Rng 1E</u> Distance Direction Nearest Town <u>3 Miles SW of Siden</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2-6-09</u> Rated Pump Capacity: <u>750±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>15</u> 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: _____ 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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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