

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: Sharkey
Permit #: 6W41635
Irrigation Equipment
Driller: _____
Date drilling completed: 3-19-07

For Office Use Only:
Aquifer: _____
Well #: B-85
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>Patterson & Son</u> | Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ " |
| Mailing Address: <u>Box 475</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Rolling Fork MS 39159</u> City State Zip Code | <u>NE ¼ NE¼ Sec 31 Twn 14N Rng 5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>6 Miles NE of Anguilla</u> |

Well Data

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

Date well drilling started: 3-19-07 Date well drilling completed: 3-19-07

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 3-29-07

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: 10 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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 Patrick M. Chism

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BY: OLWR

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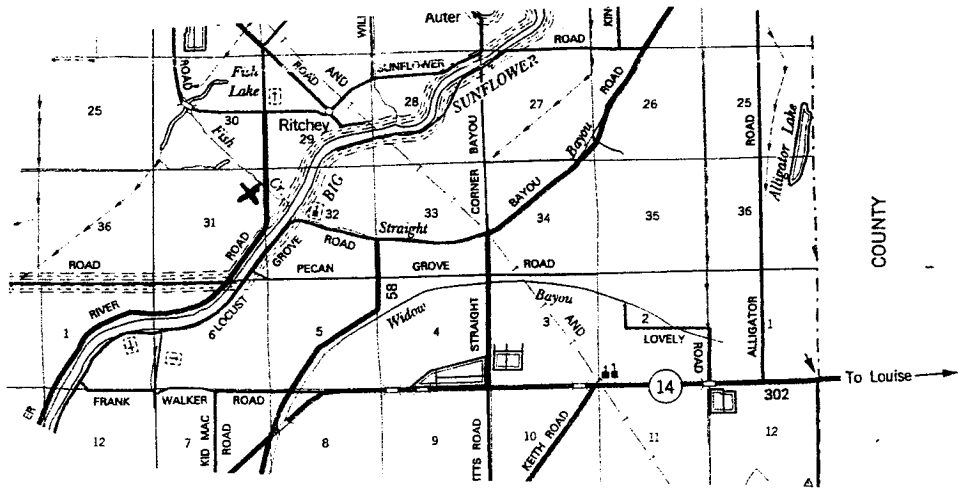
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 35 |
| Fine Sand | 36 | 55 |
| Med. Sand | 56 | 75 |
| Coarse Sand | 76 | 85 |
| Coarse Sand/gravel | 86 | 105 |
| Coarse Sand | 106 | 115 |
| Med. Sand | 116 | 125 |
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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: _____

Pat Mc

 Signature of Water Well Contractor

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: Sharkey
 Permit #: 6W41635
 Irrigation Equipment
 Driller: _____
 Date completed: 3-19-07

For Office Use Only:

Aquifer: _____
 Well #: B-85
 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>Patterson & Son</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 475</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Rolling Fork MS 39159</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>NE ¼ NE ¼ Sec 31 Twn 14N Rng 5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>6 Miles NE of Anguilla</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ | Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u> |
| Date Pump Installed: <u>3-29-07</u> | |
| Rated Pump Capacity: <u>700</u> Gallons Per Minute | |

| 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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