

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 #: F-46
L. S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: OW 43614
Irrigation Equipment
Driller: _____
Date drilling completed: 2/16/09

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>B + R Farms</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>21331 Hwy 1</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>SW 1/4 NW 1/4 Sec 29 Twn 12N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Rolling Fork</u>

Well Data

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

Date well drilling started: 2/16/09 Date well drilling completed: 2/16/09

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

Static Water Level: 14 feet above of below (circle one) land surface Date measured: 2/24/09

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P Chism
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

GW 43014

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	48
Fine Sand + Gravel	49	58
Medium Sand	59	70
Medium Sand + Gravel	71	88
Medium Sand	89	99
Medium Sand + Gravel	100	125

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: B + B Farms

John P. Chum
 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)

For Office Use Only:

Aquifer: _____

Well #: F-46

Elevation: _____

County: Sharkey
Permit #: 60093014
Irrigation Equipment
Driller: _____
Date completed: 2/16/09

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>B + R Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21331 Hwy 1</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Rolling Fork Ms. 39159</u>	USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 29 Twn 12N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles SE of Rolling Fork</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>2/24/09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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.

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

John P. Chism
Signature of Pump Installer