

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 #: 9152
L. S. Elevation:
E-log #:

County: Sharkey
Permit #: 41957
Irrigation Equipment
Driller:
Date drilling completed: 5-22-07

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: C+B Farms, 8706 Hwy 61 South, Rolling Fork Ms. 39159
Well Location: Latitude 32° 49' 30.4", Longitude 90° 55' 44.6"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 4 Twn 11N Rng 7W
Distance 2 Miles Direction N of Nearest Town Cary

Well Data: Purpose of Well (circle one) Irrigation
Date well drilling started: 5-22-07 Date well drilling completed: 5-22-07
Static Water Level: 16 feet above or below (circle one) land surface Date measured: 5-23-07
Method of Measurement (circle one) steel tape
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet
Type of grout (circle one) Bentonite
Casing length: 86 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 87 feet to 126 feet
Type of completion (circle all applicable): Gravel packed
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

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

GW-41957

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P.O. Box 10631
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For Office Use Only:

Aquifer: _____
Well #: G-152
L. S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: GW 41957
Irrigation Equipment
Driller: _____
Date drilling completed: 5-22-07

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.

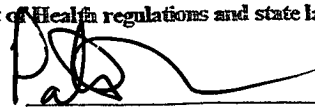
| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>C+B Farms</u> | Latitude: <u>32° 49' 30.4"</u> Longitude: <u>90° 55' 44.6"</u> |
| Mailing Address: <u>8706 Hwy 61 South</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Rolling Fork Ms. 39159</u> | <u>NW 1/4 SW 1/4 Sec 4 Twn 11N Rng 7W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Cary</u> |
| Telephone No. () _____ | |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-22-07 Date well drilling completed: 5-22-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 16 feet above or below (circle one) land surface Date measured: 5-23-07
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: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 87 feet to 126 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

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: Shankley
 Permit #: 6W41957
 Driller: _____
 Date completed: 5-22-07

For Office Use Only:

Aquifer: _____
 Well #: G-152
 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>C + B Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>8706 Hwy 61 South</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Relling Fork Ms. 39159</u> City State Zip Code | <u>NW 1/4 SW 1/4 Sec 4 Twn 11N Rng 7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2 Miles N of Cary</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | 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>5-23-07</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2800</u> Gallons Per Minute | Number of Stages: <u>1</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
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

Gw4957
C+B Farms
Map

G 158

