

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: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-14-08

For Office Use Only:

Aquifer: _____
 Well #: A-53
 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>Four A Farms</u> | Latitude: <u>33.54.35.0</u> Longitude: <u>90.36.02.3</u> |
| Mailing Address: <u>Box 79</u> | <u>35</u> Method of Lat/Long (circle one): Conventional Survey, <u>02</u> |
| <u>Vicksburg Ms. 39181-</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code: <u>0079</u> | <u>SE 1/4 NW 1/4</u> Sec <u>34</u> Twn <u>24N</u> Rng <u>4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Rome</u> |

Well Data

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

Date well drilling started: 7-14-08 Date well drilling completed: 7-14-08

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-14-08

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: 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): _____

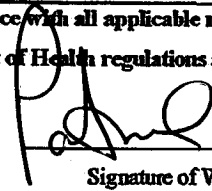
Top of lap pipe or reduction in casing: _____ feet If telescoped or more than one screen, describe on back of page

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 

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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)

For Office Use Only:

Aquifer: _____

Well #: A-53

Elevation: _____

County: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 7-14-08

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>Four A Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 79</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Vicksburg Ms. 39181-0079</u> | <u>SE 1/4 NW 1/4 Sec 34 Twn 24N Rng 4W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>7 Miles SW of Rome</u> |

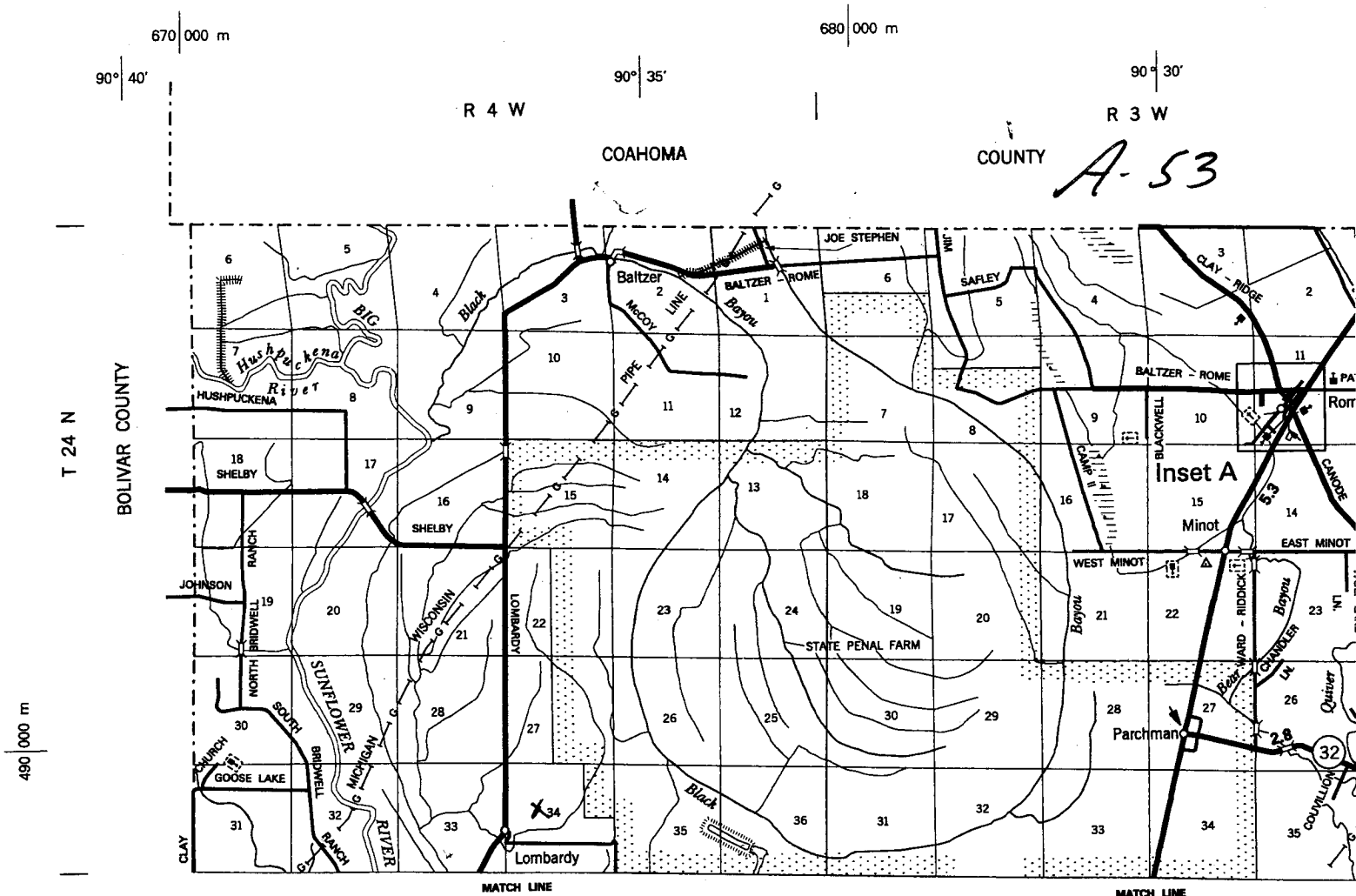
| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <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>125</u> |
| Date Pump Installed: <u>7-14-08</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>4</u> |

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

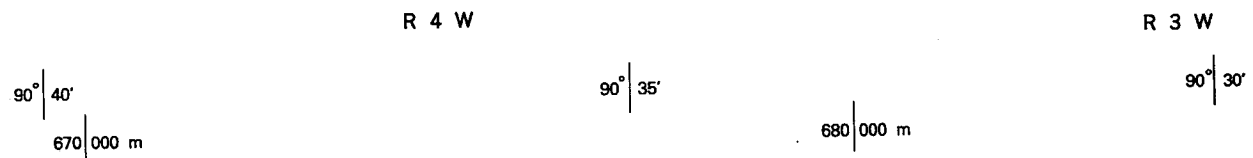
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695 Patrick
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

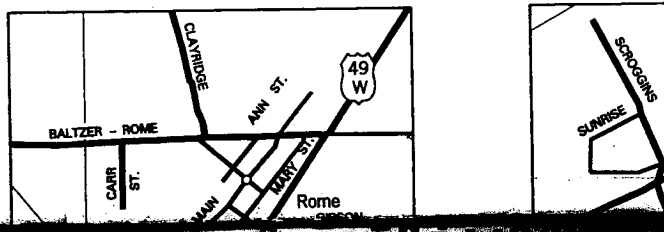
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Four A Farms Map



- | | | |
|-----------------------|--------------------|--------------------------|
| EAST AUSTIN E5 | LUSK C4 | SOUTH WADE E3 |
| EAST BLACKBELT E5 | LYON BRIDGE D3 | SOUTHSIDE G4 |
| EAST CALE G4 | M.C. GRITTMAN A5 | STAGGS C4 |
| EAST DELTA EXT. E5 | MADDEN D4 | STANSEL B5 |
| EAST GARVINS E4 | MAIN B2 | STEED - MIXON D4 |
| EAST GRESHAW E5 | MAJORI E3 | STEELMAN D5 |
| EAST MCINTYRE B4 | MALLETT - JONES C4 | STEPHEN - LYON D3 |
| EAST MINOT A3 | MAIRIE LEE F4 | STEWART E4 |
| EAST NOBLE E5 | MARKHAM B2,F5 | STRINGFELLOW E4,F4 |
| EAST PAXTON G4 | MARY ST. B2 | SUNFLOWER - ITTA BENA E5 |
| EAST QUIVER B6,C5 | MAXWILL F5 | SUNFLOWER E4 |
| EASTLAND C5 | MCCARTY C5 | SUNRISE B2 |
| FARVIEW E3 | MCCORKLE C5 | SWANGO F3 |
| FARSONA PLANTATION E4 | MCCOY F5 | SWOOP E6 |
| FARISH C5 | MCDANIELS A5 | TAYLOR C4 |
| FEEDLOT A4 | MCINTYRE C5 | TERRELL C5 |
| FENCE E4 | MITCHELL C4,D4 | THAIR A4 |
| MERSON ST. B2 | MIXON C4 | |



BEAVER DAM

Beaver

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VIANOLA STREET INDEX

HOUGH AVE. B4
HULL CR. D5
HUMMINGBIRD
INVERNESS RD. A2
JACKSON ST. A2
JANIT DAVIS C
JEFF DAVIS DR
JACKSON ST. A2
JACKSON ST. A2
MY DR. B4
AVE. B5
DR. C5
YS CR. A2
NDR AVE. B5,C5
DALE RD. B5
MY AVE. B5
WUS CR. C5
LN. B4
AVE. B4
MY LN. B5
ST. B5