

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: 6-18-09

For Office Use Only:
Aquifer: _____
Well #: B120
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>Legg Farms II</u>	Latitude: <u>33° 54' 55"</u> Longitude: <u>90° 27' 54"</u>
Mailing Address: <u>203 Hwy 32</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Drew</u> City <u>Ms.</u> State <u>38737</u> Zip Code	<u>SW 1/4 SW 1/4</u> Sec <u>25</u> Twn <u>24N</u> Rng <u>3W</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>SE</u> of Nearest Town <u>Rome</u>

Well Data

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

Date well drilling started: 6-18-09 Date well drilling completed: 6-18-09

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 6-20-09

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 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 82 feet to 121 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

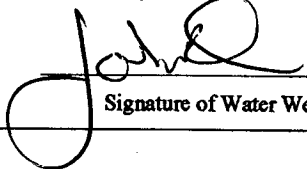
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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

RECEIVED
JUN 20 2009
BY: _____

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: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 6-18-09

For Office Use Only:

Aquifer: _____
 Well #: B120
 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>Legg Farms II</u>	Latitude: <u>33° 54' 55"</u> Longitude: <u>90° 27' 54"</u>
Mailing Address: <u>203 Hwy 32</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Drew</u> <u>Ms.</u> <u>38737</u> City State Zip Code	<u>SW ¼ SW ¼ Sec 25</u> Twn _____ Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Rome</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-20-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750 ±</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.

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

RECEIVED
 JUN 29 2009
 BY: OLWR

660 000 m

660 000 m

90° 50'

2

90° 45'

3

Legg Farms II

B120

680 000 m

680 000 m

90° 35'

90° 30'

R 4 W

R 3 W

COAHOMA

COUNTY

TALLAHATCHIE COUNTY

T 24 N

480 000 m

MATCH LINE

MATCH LINE

R 4 W

R 3 W

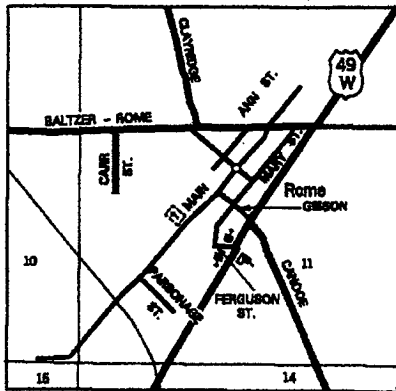
90° 35'

90° 30'

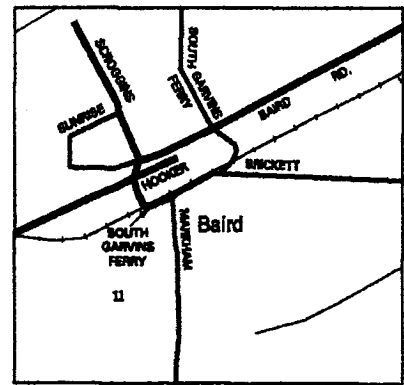
680 000 m

690 000 m

- LINK C4
- LYON BRIDGE D3
- M.C. ORTMAN A3
- MADDEN D4
- MAIN B2
- MAJORS E3
- MALLETT - JONES C4
- MAMIE LEE F4
- MARSHAM B2, F8
- MARY ST. B2
- MAXWELL F3
- McARTY C3
- MCCORMICK C3
- MCCOY F3
- MCDANIELS A3
- MARTYNE C3
- MITCHELL C4, D4
- MICHON C4
- MOLL B4
- MOOREHEAD - BELZONI F3
- MOUND G4
- MOUND FISH POND G4
- MOUNT GALEES C3
- MULLIN B3
- MURTAGH SHEFFIELD E3
- MUZZI C3
- MYERS G4
- NASH B3
- NBEL ROBINSON A3
- NOEL C4
- NORTH AIRPORT B3
- NORTH BARNETT B3
- NORTH BIRNELL RANCH A1
- NORTH NOBLE E4
- NORTH ZIMMONS B3
- NORTH WADE SCHOOL A3
- D. W. SAVELL A4
- ONCHARD RD. E4
- PARKER F3
- PARKS B4
- PAT SHEFFIELD F3
- PARKHAGE ST. B3
- PATTERSON A3
- PETE KING LN. G4
- PEAVY ROBINSON G4
- SOUTH WADE E3
- SOUTHSIDE G4
- STADDS C4
- STANSEL B3
- STEED - MOON D4
- STIELMAN D3
- STERNBY - LYON D3
- STEWART B4
- STINSON E4, F4
- STRINGFELLOW B4
- SUNFLOWER - ITA BENA E3
- SUNFLOWER B4
- SUNRISE B2
- SWANNO F3
- SWOPE B3
- TAYLOR C4
- TERRELL C3
- THARP A4
- THOMAS GOODIN B4
- THOMPSON F4
- THREE MILE LAKE F3, B3
- TINDALL F3
- TOLIN BROWN G1
- TOMMY BAIRD G1
- TRANSBERRY F1
- TRAMM B3
- TROTTER C4, D4
- TURNER B4
- TV STATION F3
- TWNER B3, C3
- VALLEY E3
- W. S. KIRK BLAIR D4
- WACO C3
- WADELL E3
- WADE SCHOOL A4
- WALKER C4
- WALTONIA LN. E4
- WARD - RIDICK B3
- WATSON F3
- WATSON AUSA
- WASHINGTON F3
- WELCH F3
- WEST GALE G4
- WEST OGDHAM B3
- WEST MINOT A2



Inset A
T 24 N R 3 W



Inset B
T 18 N R 4 W

SCALE IN KILOMETERS



JUN 29 2005

BY OLWR