

County: Sunflower
 Permit #: BW-44056
 Driller: Irrigation Equipment
 Date drilling completed: 5-31-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: B 124
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Legg Farms II</u>	Latitude: <u>33° 55' 37.7"</u> Longitude: <u>90° 28' 00.2"</u>
Mailing Address: <u>203 Hwy #32</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Drew</u> <u>Ms</u> <u>38737</u> City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>26</u> Twn <u>24N</u> Rng <u>3W</u> Distance <u>2</u> Miles Direction <u>NE</u> of Nearest Town <u>Parchman</u>
Telephone No. <u>662 719-0584</u>	

Well / Borehole Data

Date drilling started: 5-31-10 Date drilling completed: 5-31-10 Hole depth: 127 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-31-10

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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 next page*

County: Sunflower
 Permit #: CW 44056
 Irrigation Equipment
 Driller: _____
 Date completed: 5/31/10
 Case information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: B 124
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Legg Farms II</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>203 Hwy # 32</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Drew</u> <u>Ms.</u> <u>38737</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 26 T 24N R 3W</u>		
Telephone No. <u>(662) 719-0584</u>	Distance <u>2</u> Miles	Direction <u>NE</u>	Nearst Town <u>Parchman</u>

Pump Type			Power Type		
Circle one			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>5/31/10</u>			Setting Depth: <u>70'</u> feet		
Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level		
Circle one		Circle one		
Date Well Tested: _____	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet		
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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 _____