

Replacement for 063827

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Irrigation Equipment Inc. Patrick M. Chism 0695

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Health and/or the Mississippi Department of Environmental Quality.

Name of organization running log(s): No log run Electric Gamma Ray Density Sonic Neutron Other

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

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

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development Other (describe):

Screen slot size: inches .050 Setting depth: From 66'6" feet to 105 feet

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

Casing length: 85'6" feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Type of grout (circle one): Cement Bentonite Mix Well depth: 125' Well grouted to a depth of 10 feet

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

Static Water Level: 36' feet above or below (circle one) land surface Date measured: 8-25-05

If flowing, method of flow regulation: Valve Other (describe): Date well drilling started: 8-23-05 Date well drilling completed: 8-23-05

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

Well Data

Telephone No. (662-843-3733) City Cleveland, MS Zip Code 38732

Mailing Address: 1312 Memorial Drive Owner Name Boone Farms

Well Location: USGS quad, Hand-held GPS, Survey-grade GPS SW 1/4 SE 1/4 Sec 36 Twn 23N Rng 4W

Method of Lat/Long (circle one): Conventional Survey, 42

Latitude: 33° 48' 41" N Longitude: 90° 33' 11" W

Distance 2 Miles West of Nearest Town Direction of Drew

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.

For Office Use Only: Aquifer: Well #: 2-88 L. S. Elevation: E-log #:

State Well Report Part I 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: 8-23-05

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 # DS8

Elevation: _____

County: _____

Permit #: _____

Irrigation Equipment
 Driller: _____

Date completed: 8-23-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Owner Information</p> <p>Owner Name: <u>Boone Farms</u></p> <p>Mailing Address: <u>1312 Memorial Drive</u></p> <p><u>Cleveland, MS 38732</u></p> <p>City State Zip Code</p> <p>Telephone No. () _____</p>		<p>Well Location</p> <p>Latitude: _____</p> <p>Longitude: _____</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u></p> <p>SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 36 Twn 23N Rng 4W</p> <p>Distance Direction Nearest Town</p> <p><u>2</u> Miles West of <u>Drew</u></p>	
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<p>Pump Type</p> <p>Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/></p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>8-25-05</u></p> <p>Rated Pump Capacity: <u>2500</u> Gallons Per Minute</p>		<p>Power Type</p> <p>Circle one</p> <p><u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p>Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>60</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>2</u></p>	
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>		<p>Method of Measuring Water Level</p> <p>Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ hours after _____ hours of pumping</p>	
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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