

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)

County: Sunflower
Permit #: GW-443991
Irrigation Equipment
Driller: _____
Date drilling completed: 7-3-10

For Office Use Only:
Aquifer: _____
Well #: C.115
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>Lamastus Farms LLC</u> | Latitude: <u>33-52-24.0</u> Longitude: <u>90-36-51.5</u> |
| Mailing Address: <u>1712 Bellavista Rd</u> | Method of Lat/Long (circle one): Conventional Survey, ²⁴ ⁵¹ |
| <u>Cleveland Ms. 38732</u> | USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 9 Twn 23N Rng 4W</u> |
| Telephone No. () _____ | Distance <u>6</u> Miles Direction <u>NW</u> of Nearest Town <u>Drew</u> |

Well / Borehole Data

Date drilling started: 7-3-10 Date drilling completed: 7-3-10 Hole depth: 112 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: 43 feet above of (below) (circle one) land surface Date measured: 7-5-10

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

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 72 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 73 feet to 112 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*

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Sunflower
 Permit #: GW-44399
 Irrigation Equipment
 Driller: _____
 Date completed: 7-3-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C115
 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>Lamastus Farms LLC</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1712 Bellavista Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Cleveland Ms. 38732</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 9 T23N R 4W</u> |
| Telephone No. (____) _____ | Distance <u>6</u> Miles Direction <u>NW</u> of Nearest Town <u>Drew</u> |

| Pump Type | Power Type |
|--|---|
| Circle one | Circle one |
| Air Lift <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> |
| Jet <input type="checkbox"/> | Gasoline Engine <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Submersible | Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> | <input checked="" type="checkbox"/> Electric Motor |
| Piston <input type="checkbox"/> | Hand <input type="checkbox"/> |
| Turbine <input type="checkbox"/> | Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> | Windmill <input type="checkbox"/> |
| Rotary <input type="checkbox"/> | Other (specify): _____ |
| Flowing Well <input type="checkbox"/> | Horse Power Rating of Motor: <u>15</u> |
| Other (specify): _____ | Setting Depth: <u>70</u> feet |
| Date Pump Installed: <u>7-5-10</u> | Number of Stages: <u>1</u> |
| Rated Pump Capacity: <u>750±</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: _____ | Circle one |
| Static Water Level (A): _____ Feet Below Land Surface | Air Line <input type="checkbox"/> |
| Pumping Water Level (B): _____ Feet Below Land Surface | Electric Measuring Line <input type="checkbox"/> |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Steel Tape <input type="checkbox"/> |
| Test Pumping Rate: _____ Gallons Per Minute | Other (specify): _____ |
| 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

Form: OLWR-SWR-1C (07-09)

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