

County: Sunflower
 Permit #: _____
 Driller: Irrigation Equipment
 Date drilling completed: 6-8-09

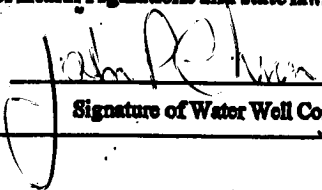
State Well Report

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)

For Office Use Only:
 Aquifer: _____
 Well #: F150
 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>Arant Acres</u>	Latitude: <u>33° 43' 33"</u> Longitude: <u>90° 30' 45"</u>	Mailing Address: <u>3731 Hwy 8 East</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ruleville Ms. 38771</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 33 Twn 22N Rng 3W</u>	Telephone No. <u>662-299-6060</u>	Distance Direction Nearest Town <u>2 Miles E of Ruleville</u>
Well Data <u>Old Well 16" Steel 25' West</u>			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u>			
Date well drilling started: <u>6-8-09</u>		Date well drilling completed: <u>6-8-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>52</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>6-9-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>122</u>	Well depth: <u>122</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>82</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>83</u> feet to <u>122</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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		 Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No.			

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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)

County: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 6-8-09

For Office Use Only:

Aquifer: _____
 Well #: F156
 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>Arant Acres</u>	Latitude: <u>33° 43' 33"</u> Longitude: <u>90° 30' 45"</u>
Mailing Address: <u>3731 Hwy 8 East</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Ruleville, Ms. 38771</u>	USGS quad, Hand-held GPS, Survey-grade GPS.
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 33 Twp 22N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles E of Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-9-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1800±</u> Gallons Per Minute	Number of Stages: <u>2</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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)

John P. Chism
 Signature of Pump Installer

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