

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 #: 60041135
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-6-06

For Office Use Only:
 Aquifer: _____
 Well #: H-164
 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>Floyce Bullock Estate</u> <u>c/o AmSouth Bank</u> Mailing Address: _____ <u>Box 548</u> _____ <u>Greenwood, MS 38930</u> _____ City State Zip Code <u>662-459-2118</u> Telephone No. (____) _____	Latitude: <u>33.4245.2</u> Longitude: <u>90.3149.4</u> <u>45</u> <u>49</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE 1/4 SE 1/4 Sec 5 Twn 21N Rng 3W</u> Distance Direction Nearest Town <u>2 Miles East of Ruleville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 6-6-06 Date well drilling completed: 6-6-06
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 46' feet above or below (circle one) land surface Date measured: 6-8-06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 111' Well depth: 111 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 71 feet Casing diameter: 10 inches Type of casing: PVC 160
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160
 Screen slot size: .050 inches Setting depth: From 72 feet to 111 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.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Patrick M Chism

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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 #: 00141135
 Driller: Irrigation Equipment
 Date completed: 6-6-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-164
 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>Floyce Bullock Estate</u> <u>c/o AmSouth Bank</u> Mailing Address: _____ <u>Box 548</u> _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE ¼ SE ¼ Sec 5 T 21N R 3W</u>
<u>Greenwood, MS 38930</u> City State Zip Code <u>662-459-2118</u> Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles East of Ruleville</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>30</u>
Date Pump Installed: <u>6-8-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1150</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.

Patrick M. Chism 0695 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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