

County: Sunflower
 Permit #: BW-450531
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 5-2-11

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: 5184
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>St. Rest Planting Company</u>	Latitude: <u>33° 32' 36.0"</u> Longitude: <u>90° 45' 41.1"</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>Indianola MS 38751</u>	<u>SW 1/4 SW 1/4 Sec 30 Twn 20N Rng 5W</u>
City State Zip Code <u>662-887-3821</u>	Distance <u>4</u> Miles Direction <u>SE</u> of Nearest Town <u>Shaw</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 5-2-11 Date drilling completed: 5-2-11 Hole depth: 125 Hole diameter: 18"

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: 37 feet above or below (circle one) land surface Date measured: 5-7-11

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

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

Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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)

RECEIVED

MAY 23 2011

BY: OLWR

5184

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Fine Sand	21	27
Fine Sand + Gravel	28	56
Medium Sand + Gravel	57	125

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

St Rest Planting Co.

~~XXXXXXXXXXXXXXXXXXXXXXXX~~

Landowner Name: _____

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

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

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED
MAY 23 2011
BY: OLWR

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:
Well #: J184
Elevation:

County: Sunflower
Permit #: GW 45053
Irrigation Equipment
Driller:

Date completed: 5-2-11

Copy information from block on Part 1

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: St Rest Planting Co.
Mailing Address: 65 Holly Ridge Rd, Indianola MS 38751
Telephone No. ()
Well Location: Latitude: Longitude:
Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS [checked], Survey-grade GPS
SW 1/4 SW 1/4 Sec 30 T 20N R 5W
NW NW 31
Distance 4 Miles Direction SE of Nearest Town Shaw

Pump Type: Circle one Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Date Pump Installed: 5-7-11
Rated Pump Capacity: 1150 +/- Gallons Per Minute
Power Type: Circle one Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor [checked], Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 30
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data: Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one Air Line, Electric Measuring Line, Steel Tape
Other (specify):
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)

RECEIVED
MAY 23 2011
BY: OLWR