

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 #: 6W41757
Irrigation Equipment
Driller: _____
Date drilling completed: 4-13-07

For Office Use Only:
Aquifer: _____
Well #: K-124
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>Pitts Farms</u> | | Latitude: <u>33.32.49.7</u> | Longitude: <u>90.35.29.2</u> |
| Mailing Address: <u>Box 925</u> | | Method of Lat/Long (circle one): <u>50</u> | <u>29</u> |
| | | USGS quad, Hand-held GPS, Survey-grade GPS | |
| | <u>Indiana MS 38751</u> | <u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>27</u> | Twn <u>20N</u> Rng <u>4W</u> |
| City: _____ State: _____ Zip Code: _____ | | Distance: <u>3</u> Miles | Direction: <u>West</u> of Nearest Town: <u>Sunflower</u> |
| Telephone No. <u>662-887-4551</u> | | | |

| Well Data | |
|---|---|
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Pivot Replacement</u> | |
| Date well drilling started: <u>4-13-07</u> | Date well drilling completed: <u>4-13-07</u> <u>GW97886</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>40</u> feet above or below (circle one) land surface | Date measured: <u>4-19-07</u> |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>135</u> Well depth: <u>135</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>95</u> feet Casing diameter: <u>16</u> inches | Type of casing: <u>PVC sch 40</u> |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches | Type of screen: <u>PVC sch 40</u> |
| Screen slot size: <u>1050</u> inches | Setting depth: From <u>96</u> feet to <u>135</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.
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 #: OW 41757
 Irrigation Equipment
 Driller: _____
 Date completed: 4-13-07

For Office Use Only:

Aquifer: _____
 Well #: K-124
 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>P. Hs Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 925</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Indianola MS 38751</u> | <input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>20N</u> Rng <u>4W</u> |
| Telephone No. <u>662-887-4551</u> | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>West</u> of <u>Sunflower</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>80</u> |
| Date Pump Installed: <u>4-19-07</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| 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.

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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