County: Sunflower Permit#: 4031 Irrigation Equipment Driller: 4-21-05

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 #:	
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 Maury Mullin's Trust	Latitude:° " Longitude:° "			
Mailing Address: 820 W. Park Ave.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	SW 1/4 NE 1/4 Sec 10 Twn 20N Rng 3W			
Greenwood, MS 38930	SW 1/4 NE 1/4 Sec U IWI ZOTT RIIG OTT			
City State Zip Code	Distance Direction Nearest Town			
,				
Telephone No. ()				
Well	Data			
(Bivot			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other.			
	well drilling completed: $4-21-05$			
If flowing, method of flow regulation: Valve Other (c	lescribe)			
Static Water Level: 51' feet above on below (circle one)	land surface Date measured: 5-12-05			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 127' Well depth: 127'	Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 87 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40			
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40			
Screen slot size:050 inches Setting depth: From _	88 feet to 127 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.	0.1. / 22.4.1			
Patrick M. Chism 0695	Patrick III Chron			
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				

RECEIVED

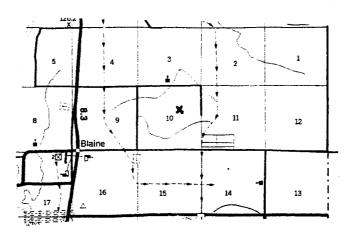
MAY 18 2005

L-175

Description of Formations Encountered	From	То
Clay	0	40
Fine Sand	41	45
Med. Sand	46	55
Coarse Sand	56	75
coarse Sand/gravel	76	105
Sand Stone Coarse Sand/gravel	106	117
Coarse Sand/gravel	118	127
		\vdash
	<u> </u>	
		<u> </u>
	<u> </u>	
	-	
	<u> </u>	L

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) indicate direction.



Landowner Name:		
MICOWIEL IVALUE.		

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

(601)354-6938 (fax)

County: Sunflower Pump Installer's Completion Report
Mississippi Department of Environmental Quality Permit #: GW4013 Office of Land and Water Resources Irrigation Equipment P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 Date completed: 5-12-05

For Office Use Only:		
Aquifer:		
Well #: <u>L - / 7.5</u>		
Elevation:		

This report should be prepared by the pump installer in det	ail and filed with the Department within 30 days of the			
installation of pump. Well Owner Information	Well Location			
Owner Name: Maury Mullin's Trust	Latitude:Longitude:			
Mailing Address: 820 W. Park Ave.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Greenwood, MS 38930	SW 1/4 NE 1/4 Sec 10 Twn 20N Rng 3W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()				
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Desel Engine Gasoline Engine Natural Gas			
Bucket Piston Purbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: (167) 200HP Gear			
Date Pump Installed: 5-12-05	Setting Depth: 80 feet			
Rated Pump Capacity: 2200 Gallons Per Minute	Number of Stages: 4			
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				
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Patrick M. Chism 0695 tatub M Chur				
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer			

RECEIVED
MAY 18 2005
BY: OLWR