

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 # 6W 41276
Irrigation Equipment
Driller: _____
Date drilling completed: 7-18-06

For Office Use Only:
Aquifer: _____
Well #: L-193
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>Morgan Farms</u> | Latitude: <u>33. 34 .18. 1</u> Longitude: <u>90. 30. 33. 1</u> |
| Mailing Address: <u>Box 369</u> | Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>33</u> |
| <u>Cleveland MS 38732</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SE 1/4 NE 1/4 Sec 28 Twn 20N Rng 3W</u> |
| Telephone No. () _____ | Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Sunflower</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement For 6W12760

Date well drilling started: 7-18-06 Date well drilling completed: 7-18-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 55' feet above or below (circle one) land surface Date measured: 7-19-06

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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 78 feet to 117 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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BY: OLWR

If well telescopes please sketch below and show depths.

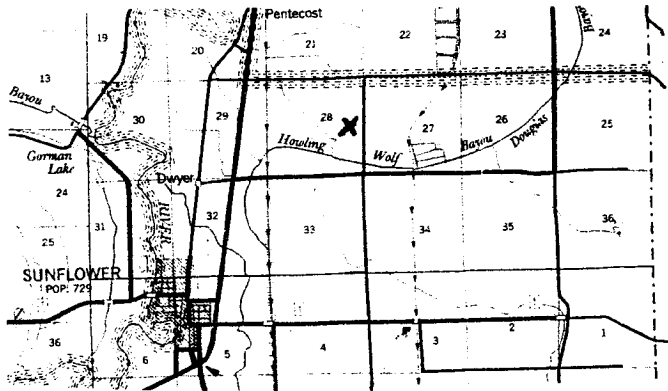
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Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 27 |
| Brown Sand | 28 | 47 |
| Fine Sand | 48 | 67 |
| Coarse Sand/gravel | 68 | 117 |
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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: _____

Patrick M. Chin
Signature of Water Well Contractor

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 #: QW 41276
 Irrigation Equipment
 Driller: _____
 Date completed: 7-18-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-193
 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>Morgan Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 369</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Cleveland MS 38732</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>28</u> T <u>20N</u> R <u>3W</u> |
| Telephone No. () <u>662-843-9714</u> | Distance Direction Nearest Town <u>2</u> Miles <u>NE</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>60</u> |
| Date Pump Installed: <u>7-19-06</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>2200</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 <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 _____ 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

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 07 2006
 BMSOLWA

Form: OLR-SWR-1B