County: Sunflower

Permit #: GW42855

Driller: Irrigation Equipment

Date drilling completed: 9-8-08

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-213

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

Owner Name: Live Oaks Planting Co.

Mailing Address: 23939 County Rd 523

Schlater Ms. 38952
City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: 33 · 33 · 40.3 / 40 Longitude: 90 · 32 · 19.4 / 19

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NW ¼ NW ¼ Sec 32 Twn 20N Rng 3W

Distance 1 Miles Direction N of Nearest Town Sunflower

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other: _____

Date well drilling started: 9-8-08 Date well drilling completed: 9-8-08

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

Static Water Level: 54 feet above or (below) (circle one) land surface Date measured: 9-9-08

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

Hole depth: 139 Well depth: 139 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 79 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 139 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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L - 213

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	32
Fine Sand	33	39
Fine Sand + Gravel	40	49
Medium Sand + Gravel	50	139

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: Live Oaks Planting

Signature of Water Well Contractor

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Sunflower
Permit #:
Driller: Irrigation Equipment
Date completed: 9-8-08

For Office Use Only:
Aquifer:
Well #: L-213
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

Owner Name: Live Oaks Planting Co.
Mailing Address: 23939 County Rd 523
Schlater Ms. 38952
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NW ¼ Sec 32 Twn 20N Rng 3W
Distance 1 Miles Direction N of Nearest Town Sunflower

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, (Turbine)
Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 9-9-08
Rated Pump Capacity: 2300± Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
(Electric Motor), Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 60
Setting Depth: 80 feet
Number of Stages: 2

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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SEP 19 2008
BY: OLWR