County:	Sunflower
Permit #:	GW-45617 🗸
	<b>Irrigation Equipment</b>
Date drilling completed: 02/27/2012	

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:	- 235		
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 ner if borehole is not for a water well)	Well or Borehole Location
	Diversified Farms Inc.	Latitude: $33^{\circ} 33' 12''$ Longitude: $90^{\circ} 30' 48'''$
Mailing Address:	P.O. Box 926	13     49       Method of Lat/Long (check one):     Conventional Survey,
		USGS quad, X Hand-held GPS, Survey-grade GPS
-	Aberdeen Ms 39730	<u>NW 1/4 SE 1/4 Sec 33</u> Twn <u>20N Rng 3W</u>
	AberdeenMs39730CityStateZip code	
		Distance Direction Nearest Town
Telephone No.	(	1 Miles Northeast of Sunflower
	Well / B	orehole Data
Date drilling started	: <u>02/27/2012</u> Date drilling completed: <u>02/</u>	27/2012 Hole depth: 125 Hole diameter: 24"
	rce of any surface water used for drilling: Surface	
Method of dosing a	nd volume of Chlorine used in drilling and developm	nent: 50 PPM
Logs run (check all Name of organization		a Ray  Density  Sonic  Neutron  Other:
Purpose of borehole	e (check one): 🛛 Water Well 🗌 Geotechnica	l/Geological Investigation 🔲 Ground Source Heat Pump
	Seismic Survey Other	describe)
	If drilling is not related to water well co	onstruction, skip the remainder of this block
Purpose of Well (ch	eck one) 🔲 Home 🔲 Industrial 🔲 Public Su	pply 🛛 Irrigation 🔲 Fish Culture 🔲 Other:
If flowing, method	of flow regulation: Valve Other (de	escribe)
Static Water Level:	56 feet above or below (check one) 🗌 la	and I surface Date measured: 02/28/12
Method of Measure	ment (check one) 🖾 steel tape 🔲 electric tape	□ air line □ other:
		Type of grout (check one): I Neat Cement Bentonite Mix
Casing length: 8	5 feet Casing diameter: 16	inches Type of casing: <b>PVC</b>
Screen length: 4	0 feet Screen diameter: <u>16</u>	inches Type of screen: <b>PVC</b>
Screen slot size:	.050 inches Setting depth: From	86 feet to 125 feet
Type of completion	(check all applicable): X Gravel packed	Underreamed 🔲 Telescoped 📄 Open hole 🗌 Natural Development
	Other (describe):	
Top of lap pipe or r	eduction in casing: feet.	If telescoped or more than one screen, describe on next page
L		

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MAR 0 9 2012

BY: OLWR

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	35
Fine Sand	36	55
Medium Sand	56	75
Course Sand	75	85
Course Sand & Gravel	86	115
Gravel	116	125
		<u> </u>
		<u> </u>
		1
		†

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

aid i	ayout and include the following: 1) the well location; 2) any permanent structures on the property than locating the well; 3) any roads, power lines, or other items that may aid in locating the property and morth arrow.	the well;
Landowner Name:	Diversified Farms Inc.	
	Form: OLWR-S	WR-1A (04/08)
I certify that the well/h	orehole was drilled, constructed, and completed in accordance with all applicable requirements of the	
Mississippi Departmen	t of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state	
laws.		

Patrick Chism/Irrigation Equipment 0695	03/02/2012	an	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	

MAR 0 9 2012

BY: OLWR

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## **STATE WELL REPORT**

County:	Sunflower			
Permit #:	GW-45617			
Driller:	Irrigation Equipment			
Date drilling completed: 02/27/2012				
Copy information from block on Part 1				

1 1

## 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 #:	L235	
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		ation	Well Location
Owner Name: Diversified Farms Inc.		<u></u>	Latitude: 33 33' 12 N Longitude: 90 30' 48 W
Mailing Address: <b>P.C</b>	D. Box 926		Method of Lat/Long (check one): Conventional Survey,
			🗌 USGS quad, 🛛 Hand-held GPS, 🔲 Survey-grade GPS
Ab	erdeen	Ms 39730	<b>NW</b> <sup>1</sup> / <sub>4</sub> <b>SE</b> <sup>1</sup> / <sub>4</sub> Sec 33 T 20N R 3W
Cit	у	State Zip code	Distance Direction Nearest Town
Telephone No. (	) -		<u>1</u> Miles <u>Northeast</u> of <u>Sunflower</u>
Pump Type Check one			Power Type Check one
🗋 Air Lift	🔲 Jet	Submersible	🖾 Diesel Engine 📋 Gasoline Engine 🗌 Natural Gas
Bucket	Piston	I Turbine	Electric Motor Hand Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill   Other (specify):
Other (specify):			Horse Power Rating of Motor: 60
Date Pump Installed:	02/28/2012	·····	Setting Depth: 80 feet
Rated Pump Capacity	2300+/-	Gallons Per Minute	Number of Stages: 2
	Pump Test Dat	a	Method of Measuring Water Level Check 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 yielded GPM with a drawdown of
Duration of Pump Test	(minimum 4 hours):	hours	feet after hours of pumping
This is for (check	one): Nev	v Weil Replacer	nent of Existing Pump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of my k			y knowledge. RECEIVED
Patrick Chism/Irrigation Equipment         0695           Print Name of Pump Installer and License No. (if applicable)			Signature of Pump Installer MAR 0 9 2012
Form provided by Forms	On-A-Disk · 214-340-94	29 · FormsOnADisk.com	Form: OLWR-SWR-1C (07-09) BY: OLWF