County: Sunfl	ower
Permit#: 6 W 41 Irrigation Driller:	مال Equipment
Date drilling completed:	3-14-07

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 #: D - 18/	-
L. S. Elevation:	-
E-log #:	_

State Law requires that this report be prepared by the driller in detail and filed with the Department within

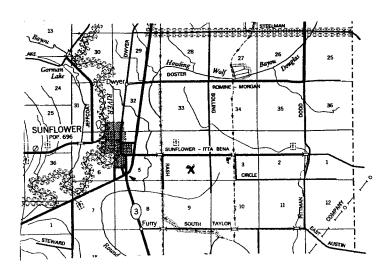
30 days of completion of drilling of the well.			
Well Owner Information	Well Location		
Owner Name Diversified Farms	Latitude: 33 ° 32 ',18.5 Longitude: 90 °30 32.4		
Mailing Address: Box 926	Method of Lat/Long (circle one): Conventional Survey,		
Aberdeen MS 39730 City State Zip Code 662-369-9531 Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS SE 1/4 Sec 4		
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply (Date well drilling started: 3-14-07 Date w	Irrigation Fish Culture Other:		
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 53 feet above of below (circle one) land surface Date measured: 3-15-07			
Method of Measurement (circle one) steel take electric tape	Method of Measurement (circle one) steel take 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	er en≹ En en en		
Casing length: 87 feet Casing diameter: 16	inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40		
Screen slot size:	88feet_to127feet		
Type of completion (circle all applicable):	·		
Other (describe):	1		
	lescoped 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			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Irrigation Equipment Inc. Patrick M. Chism 0695	Vatur me		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

Ground Level

Description of Formations Encountered	From	To
Clay	0	27 35
Fine Sand	28	35
Fine Sand/gravel	36	55
Fine Sand Fine Sand/gravel Med. Sand/gravel	56	127
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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:			

Signature of Water Well Contractor

STATE WELL REPORT

Sunflower County: Permit#: 6W41616 Irrigation Equipment 3-14-07 Date completed:

Part 2

Pomp 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)

For Office Use Only:	
Aquifer:	
Well #: 20 - 181	
Elevation:	

This report should be prepared by the pump installer in deta installation of pump.	ail and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: Diversified Farms	Latitude: Longitude:		
Mailing Address: Box 926	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Aberdeen MS 39730	¼ Sec 4 Twn 19N Rng 3W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	2 Miles East of Sunflower		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 60		
Date Pump Installed: 3-15-07	Setting Depth: 80 feet		
Rated Pump Capacity: 2300± Gallons Per Minute	Number of Stages: 2		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
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 know Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer