County: Sunflower
Permit #: CU 4325
Driller: Irrigation Equipment
Date drilling completed: 5/4/09

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 #: Q-197
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: Diversified Farm
Mailing Address: P.O. Box 926
Aberdeen Ms. 39730
City State Zip Code
Telephone No. (662) 369-9531

Well Location

Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NW ¼ Sec 9 Twn 19N Rng 3W
Distance 2 Miles Direction SE of Nearest Town Sunflower

Well Data

Old well 16" Steel 20' North

Purpose of Well (circle one) Home Industrial Public Supply (Fish Culture) (Other) Replacement
Date well drilling started: 5/4/09 Date well drilling completed: 5/4/09
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 57 feet above or (below) (circle one) land surface Date measured: 5/5/09
Method of Measurement (circle one) (steel tape) electric tape air line other: ___
Hole depth: 138 Well depth: 138 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 100 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 38 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From See Back feet to ___ 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.

John P Chism
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

X-197

GW43205

Description of Formations Encountered	From	To
Clay	0	34
Fine Sand	35	49
Fine Sand + Gravel	50	54
Medium Sand + Gravel	55	112
Fine Sand + Gravel	113	119
Medium Sand + Gravel	120	138
Screen .050		
(93-112) 20'		
(121-138) 18'		

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: Diversified Farm

John P Chase

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT
Part 2

County: Sunflower
Permit #: G0243205
Driller: Irrigation Equipment
Date completed: 5/4/09

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)

For Office Use Only:
Aquifer:
Well #: Q-197
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: Diversified Farm
Mailing Address: P.O. Box 926
Aberdeen Ms. 39730
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
NE ¼ NW ¼ Sec 9 Twn 19N Rng 3W
Distance 2 Miles Direction SE of Nearest Town Sunflower

Pump Type (Circle one)

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5/5/09
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: 90 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)

John P Chism
Signature of Pump Installer

RECEIVED
MAY 08 2009
BY: OLWR