

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 #: T-116
 L. S. Elevation: _____
 E-log #: _____

133

County: Sunflower
 Permit #: MS-GW-39830
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-8-04

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>Pen-Wan Farms, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>550 Three Mile Lake Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Inverness, MS 38753</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City <u>Inverness</u> State <u>MS</u> Zip Code <u>38753</u>	NW <u>1/4</u> SE <u>1/4</u> Sec <u>22</u> Twn <u>17N</u> Rng <u>4W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>North</u> of Nearest Town <u>Caile</u>

Well Data

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

Date well drilling started: 10-8-04 Date well drilling completed: 10-8-04

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

Static Water Level: 31' feet above or below (circle one) land surface Date measured: 10-19-04

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

Hole depth: 115' Well depth: 115' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: 160 PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: 160 PVC

Screen slot size: .050 inches Setting depth: From _____ 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.
 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.

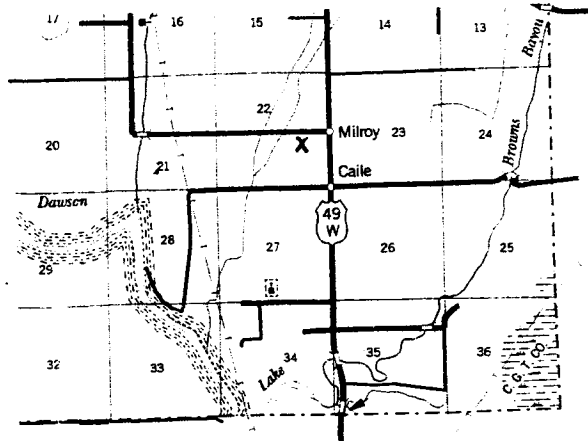
Ground Level

T-116

Description of Formations Encountered		From	To
Clay		0	21
Fine Sand		22	35
Fine Sand/gravel		36	45
Med. Sand/gravel		46	80
Fine Sand/gravel		81	91
Med. Sand/gravel		92	115
Screen 61-80			
Screen 96-115			

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.



Pen-Wan Farms, LLC

Landowner Name: _____

Patric M. Chini

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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 10-19-04

For Office Use Only:

Aquifer: _____
 Well #: T-116
 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	Well Location
Owner Name: <u>Pen-Wan Farms, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>550 Three Mile Lake Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Inverness, MS 38753</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>22</u> Twn <u>17N</u> Rng <u>4W</u>
<u>662-265-5437</u>	Distance Direction Nearest Town
Telephone No. () _____	$\frac{1}{2}$ Miles <u>North</u> of <u>Caile</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>10-19-04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>31'</u> 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 Patrick M. Chism

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

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OCT 25 2004

BY: OLWR