

County: Sunflower  
 Permit #: GW-44556  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 9-21-10

**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: T 157  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Four M Farms</u>	Latitude: <u>33-17-18.2</u> Longitude: <u>90-33-35.7</u>
Mailing Address: <u>Lester Myers</u> <u>P.O. Box 878</u> <u>Indianola Ms. 38751</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec 25 Twn 17N Rng 4W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>ISO19</u>

**Well / Borehole Data**

Date drilling started: 9-21-10 Date drilling completed: 9-21-10 Hole depth: 131 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 33 feet above of below (circle one) land surface Date measured: 9-24-10

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

Well depth: 131 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 91 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 92 feet to 131 feet

Type of completion (circle all applicable): Gravel packed Undercased 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 next page*

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells.

If well borchole, show depths on sketch.

Ground Level →

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	21
Fine Sand	22	36
Fine Sand + Gravel	37	68
Medium Sand + Gravel	69	76
Fine Sand + Gravel	77	86
Medium Sand + Gravel	87	131

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) a north arrow.

Landowner Name: Four M Farms

Form: OLWR-SWR-1A (04/05)

I certify that the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state law.

Patrick M Chism 0695  
 Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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County: Sunflower  
 Permit #: GW-44556  
 Irrigation Equipment  
 Driller:  
 Date completed: 9-21-10  
 Copy information from block on Part 1

### STATE WELL REPORT

#### 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 #: \_\_\_\_\_  
 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	Well Location
Owner Name: <u>Four M Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lester Myers</u> <u>P.O. Box 878</u> <u>Indianola Ms 38751</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 SE 1/4 Sec 25 T17N R 4W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles NE of ISOLA</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-24-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge  
 Patrick M Chism 0695  
 Print Name of Pump Installer and License No. (if applicable) Patrick M Chism 0695  
 Signature of Pump Installer [Signature]

Form: OLWR-SWR-1C (07-09)

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 BY: [Signature]