

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 #: 5-177
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 00042664
Irrigation Equipment
Driller: _____
Date drilling completed: 2/12/09

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>Brian Dunn Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5198 South Ave</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>19E</u> | <u>NW 1/4 NW 1/4 Sec 33 Twn 22N Rng 1W</u> |
| <u>Yuma</u> <u>Az</u> <u>82365</u> | Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Minter City</u> |
| City State Zip Code | |
| Telephone No. () _____ | |

Well Data

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

Date well drilling started: 2/12/09 Date well drilling completed: 2/12/09

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

Static Water Level: 28 feet above below (circle one) land surface Date measured: 2/13/09

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 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 85 feet to 124 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. _____

Signature of Water Well Contractor John P. Chism

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5-177

If well telescopes please sketch below and show depths.

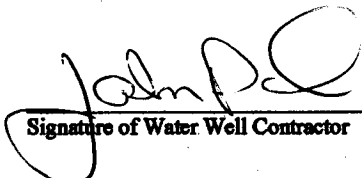
Ground Level 66043004

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 23 |
| Fine Sand | 24 | 38 |
| Fine Sand + Gravel | 39 | 49 |
| Medium Sand + Gravel | 50 | 124 |
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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: Brian Dunn Farms


 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: 5-177

Elevation: _____

County: Tallahatchie
 Permit #: 00043004
 Irrigation Equipment
 Diller: _____
 Date completed: 2/12/09

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>Brian Dunn Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5198 South Ave</u> <u>19E</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Yuma</u> <u>Az.</u> <u>82365</u> | <u>NW 1/4 NW 1/4 Sec 33 Twn 22N Rng 1W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>1</u> Miles <u>South</u> of <u>Minter City</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>2/13/09</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle 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 | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

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