| State V | Vell Report For Office Use Only: | |
|---|---|--|
| Course Was him ton | Part 1 | |
| County Ost Mississippi Departme | ent of Environmental Quality Aquifer: | |
| Irrigation Equipment P.O. | and Water Resources Box 10631 Well #: F - 154 | |
| Driller: Jackson, | MS 39289-0631 L. S. Elevation: | |
| Zust withing completed. | 1)961-5210 54-6938 (fax) 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 T+ @ Farms | Latitude: 33 · 24 · 59.8 Longitude: 90 · 47 · 50:2 | |
| Mailing Address: 114 Holly Ridge Rd | Method of Lat/Long (circle one): Conventional Survey, | |
| , | USGS quad, Hand-held GPS, Survey-grade GPS | |
| Indianola Ms. 38751 City State Zip Code | SW 1/4 SW 1/4 Sec Twn | |
| City State Zip Code | Distance Direction Nearest Town Miles E of Legan | |
| Telephone No. () | | |
| Wel | l Data | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: | | |
| Date well drilling started: 5-8-07 Date well drilling completed: 5-8-07 | | |
| If flowing, method of flow regulation: Valve Other (describe) | | |
| Static Water Level: 27 feet above or foclow circle one) land surface Date measured: 5-15-07 | | |
| Method of Measurement (circle one) Steel tape electric tape air line other: | | |
| Hole depth: 127 Well depth: 127 | Well grouted to a depth offeet | |
| Type of grout (circle one): Cement Bentonite Mi | x | |
| Casing length: 87 feet Casing diameter. 10 inches Type of casing: PVC Sch 40 | | |
| Screen length: 40 feet Screen diameter: 10 | | |
| Screen slot size: . 050 inches Setting depth: From 88 feet to 127 feet | | |
| Type of completion (circle all applicable): Gravel packed Und | derreamed 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 R | ay Density Sonic Neutron Other: | |
| Name of organization running log(s): | | |
| I certify that the well was drilled, constructed, and completed i | | |
| Department of Environmental Quality and/or the Mississippi I | Department of Health regulations and state laws. | |
| Irrigation Equipment Inc. Patrick M. Chism 0695 | Yall | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor | |

Ground Level

| Description of Formations Encountered | From | 10 |
|---|--------------|----------------|
| Clav | 0 | 2/ |
| Find Sand | 22 | 35 |
| Fine Sand + Gravel Medium Sand + Gravel | 36 | 4-5 |
| Medium Sand & Gravel | 46 | 127 |
| THE CHANGE STATE | 1 | |
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If more than one screen, show location of each on sketch

| Sketch the property layout and include the f | ollowing: 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; |
| 1) indicate direction | |

Landowner Name: Tr Q Farms

Signature of Water Well Contractor

STATE WELL REPORT

Part 2 Pump Installer's Completion Report
Mississippi Department of Environmental Quality

| For Office Use Only: | |
|----------------------|--|
| Aquifer: | |
| Well# F-154 | |
| Elevation: | |

| 1100 | Office of Land and Water Resources | | |
|--|------------------------------------|----------------------------------|--|
| Driller: | | Box 10631 | F 151 |
| | • | MS 39289-0631 | Well#: F-154 |
| Date completed: 5-8-07 | |)961-5210 | |
| | (601)3 | | Elevation: |
| This was at 1 and 1 and 1 and 1 | | | |
| This report should be prepared by the | e pump installer in det: | ail and filed with the Departmen | et within 30 days of the |
| ALL PRINCIPALITY. | • | | |
| Well Owner Informati | ion | Well | Location |
| Owner Name: T+ O Fary | | | |
| | | Latitude: | Longitude: |
| Mailing Address: 1/4 Holly Ridge Rd. | | 1 | |
| Totalling Audiess: 11 170 / 17 | 11990 110. | Method of Lat/Long (circle one |): Conventional Survey, |
| ' | / | i | |
| | | USGS quad, Hand- | held GPS, Survey-grade GPS |
| Indianoly Ms | 70751 | | · = |
| Indianola 110 | 10/5/ | SW 45W 4 Sec 11 | Twn /8/N Rng 6W |
| City State | Zip Code | i e | |
| | | Distance Direction | Nearest Town |
| Telephone No. (| | / 2 | 1-1-1 |
| Telephone No. () | | 6 Miles E of | Leland |
| | | | |
| D | | | |
| Pum p Type Circle one | | | ст Турс |
| Circle one | | Circ | cle one |
| Air Lift Jet (| Submersible | | |
| Ja | Submersible | Diesel Engine Gasoline | Engine Natural Gas |
| Bucket Piston | Turbine | | |
| 1 13001 | 1 til vine | Electric Motor Hand | Tractor PTO |
| Centrifugal Rotary | Flowing Well | Tir' 1 m | |
| 2 - Louis | LIOMING MCII | Windmill Other (sp | pecify): |
| Other (specify): | | Horse Power Rating of Motor: | / |
| | | noise rower kaning of Motor. | |
| Date Pump Installed: 5-15-07 | | Setting Depth: 60 | 2 |
| · | | setting Deptir | foct |
| Rated Pump Capacity: 750 - | allons Per Minute | Number of Stages: | |
| | | Number of Stages. | |
| | | | · · · · · · · · · · · · · · · · · · · |
| Pump Test Data | | Method of Man | uring Water Level |
| - | l | | cle one |
| Date Well Tested: | | Calc | 20 0110 |
| | i | Air Line Electric Measu | ring Line Steel Tape |
| Static Water Level (A):Feet B | elow Land Surface | 200010 100030 | |
| | Ĭ | Other (specify): | |
| Pumping Water Level (B):Feet Be | low Land Surface | | |
| | i i | | |
| Drawdown [(B) - (A)]:Feet Be | elow Land Surface | For flowing well, measured shut | in head: feet |
| | i | | |
| Test Pumping Rate:G | allons Per Minute | Well yielded | GPM with a drawdown of |
| | | | |
| Duration of Pump Test (minimum 4 hours): _ | hours | feet after | hours of pumping |
| | | | |
| | | | ······································ |

| | I HEREBY CERTIFY that the above statements are true to the best of m | kny | wiedge. |
|---|--|-----|-----------------------------|
| | Patrick M. Chism 0695 | a | |
| Į | Print Name of Pump Installer and License No. (if applicable) | | Signature of Pump Installer |

