

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 #: M-182
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW 40782
Driller: Chicot Irrigation, Inc.
Date drilling completed: 2/17/05

Chicot Irrigation, Inc.

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>MAGRUE FARMS</u>	Latitude: <u>33° 14' 41" N</u> Longitude: <u>090° 51' 53" W</u>
Mailing Address: <u>C/O BUSTER LEWIS</u> <u>PO Box 189</u> <u>ARCOLA, MS. 38722</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>NE 1/4 SW 1/4 Sec 18 Twn 16N Rng 6E</u>
Telephone No: <u>(662) 355-5559</u>	Distance: <u>3.1</u> Miles Direction: <u>SOUTH</u> of Nearest Town: <u>ARCOLA, MS.</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>2/17/05</u>	Date well drilling completed: <u>2/17/05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>22</u> feet above or below (circle one) land surface	Date measured: <u>2/17/05</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>93</u>	Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet	Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</u> feet	Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>90</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.

JAMES Mc DONALD #332
Print Name of Water Well Contractor and License No.

James McDonald
Signature of Water Well Contractor

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M-182

Description of Formations Encountered

From	To
------	----

[illegible]

60ft.	10" Casing (60ft.)
90	10" Screen (30ft.)

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.

Hand-drawn map showing the location of Xwell relative to Highway 438, Highway 61, and Highway 20. The map is oriented with North (N) at the top, South (S) at the bottom, East (E) to the right, and West (W) to the left. Highway 438 runs vertically on the right side. Highway 61 runs horizontally at the bottom. Highway 20 runs vertically on the left side. Xwell is marked with an 'X' inside an oval, located between Highway 438 and Highway 20, and north of Highway 61. The distance from Highway 438 to Xwell is labeled '2 miles'.

Landowner Name: JOHN STEVENS


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 #: M182

Elevation: _____

County: WASHINGTON

Permit #: _____

Driller: CH: COT IRRIGATION

Date completed: 2/18/05

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: MAGRUDER FARMS

Mailing Address: C/O BUTLER LEWIS

PO Box 189

ARCOLA, MS. 38722
City State Zip Code

Telephone No: (662)-355-5559

Well Location

Latitude: 33-14-485 Longitude: 090-51-896

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 SW 1/4 Sec 18 Twn 14N Rng 6S

Distance Direction Nearest Town

3.1 Miles SOUTH of ARCOLA

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2/18/05

Rated Pump Capacity: 1000 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: 30

Setting Depth: 70 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED

Static Water Level (A): 22 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: ESTIMATED 1000 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.

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

Signature of Pump Installer

#710P

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