

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 #: P-151
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW 44946
Irrigation Equipment
Driller: _____
Date drilling completed: 5-23-07

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>B+B Farms</u> | Latitude: <u>33.06.22.6</u> Longitude: <u>90.49.57.4</u> |
| Mailing Address: <u>843 Liz Road</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Hollandale Ms. 38748</u> | <u>SW 1/4 Sec 28 Twn 15N Rng 6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () | <u>5</u> Miles <u>S</u> of <u>Hollandale</u> |

Well Data

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

Date well drilling started: 5-23-07 Date well drilling completed: 5-23-07

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

Static Water Level: 25 feet above of below (circle one) land surface Date measured: 5-26-07

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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

6W41946

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If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 51 |
| Fine Sand + Gravel | 52 | 62 |
| Medium Sand + Gravel | 63 | 126 |
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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: B + B Farms

Patil m
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: Washington
 Permit #: GW41946
 Driller: _____
 Date completed: 5-23-07

For Office Use Only:

Aquifer: _____
 Well #: P-151
 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>B & B Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>843 Liz Road</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, |
| <u>Hollandale Ms. 38748</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW ¼ SW ¼ Sec 28 Twn 15N Rng 6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>5 Miles S of Hollandale</u> |

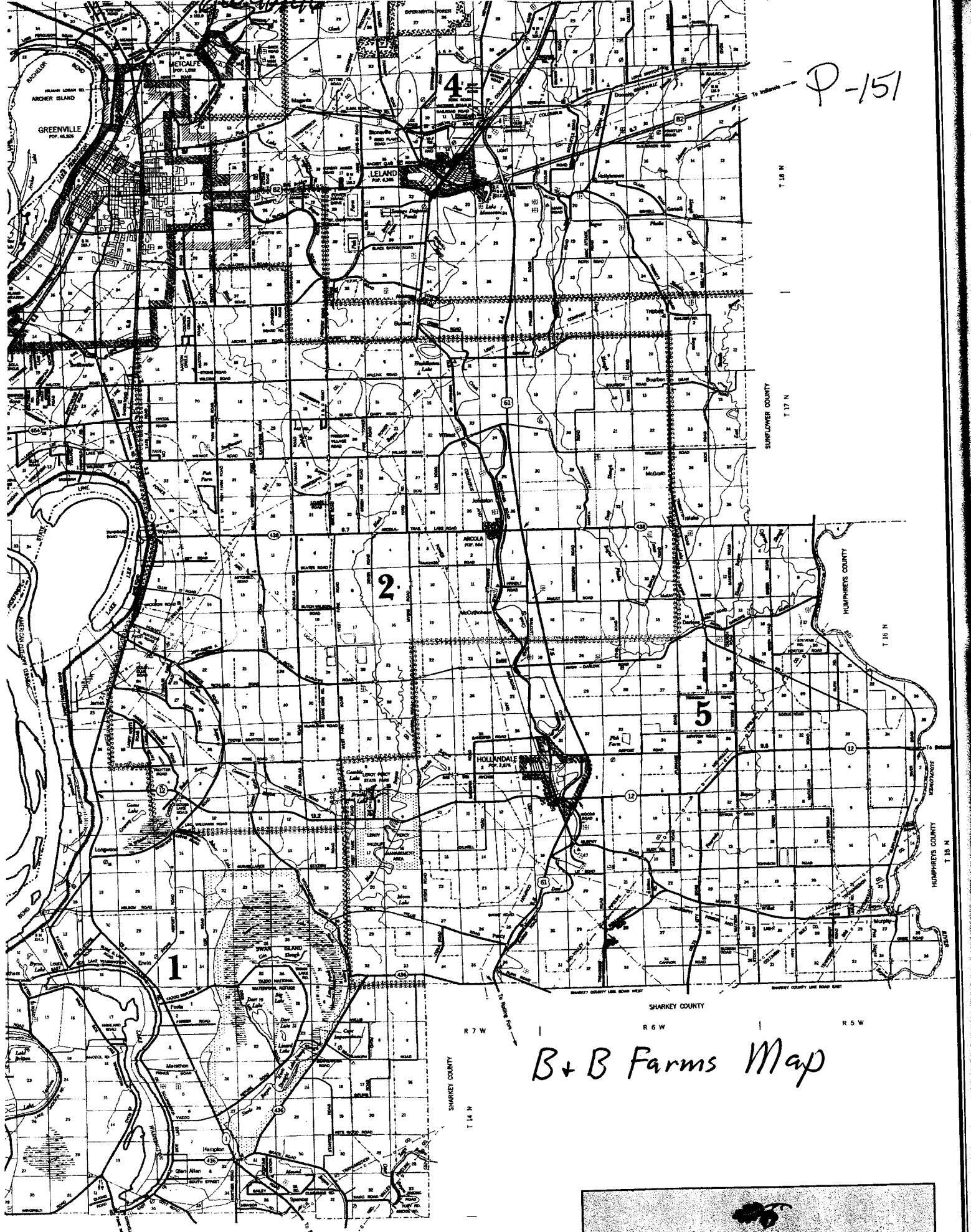
| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>5-26-07</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1600</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 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.


Patrick M. Chism 0695

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



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B+B Farms Map


 NAMED FOR
 George Washington, first president