County: _	Washington			
Permit#:				
Irrig	ation Equipment			
Date drilling completed: $4-28-201$				
•				

State Well Report

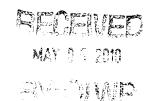
Part 1 – **Driller's Log**Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only:				
Aquifer: Q 154				
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

Information on Well Owner	pletion 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 R & S Rice Farm	Latitude: 33 . 5(0 . 23 " Longitude: 90 . 44 , 24 "
Mailing Address: Box 337	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Hollandale MS 38748	SENDW & Sec 32 / Twn 15N /Rng 5W
City State Zip Code Telephone No. ()	Distance Direction Nearest Town Milesof Hollandale
Well / Bore	
Date drilling started: $\frac{4-28}{}$ Date drilling completed: $\frac{4-}{}$	28 Hole depth: 127 Hole diameter: 24"
Location of the source of ony surface and the	
chothe used in drilling and devel	opment: 50 DDM
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well X Geotechnical/Geole	oriest Turnet at
	ogical investigation Ground Source Heat Pump
Seismic Survey Other (describe))
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): HomeIndustrialPublic Supply	IrrigationX Fish Culture Other:
in a moving well, method of flow regulation: Valve	4h (-1
Static Water Level: 25 feet above or below (circle one) Is	and (describe)
Marked - CN	and surface Date measured:
steel tape electric tape	air line other:
Well depth: 127 Well grouted to a depth of 1 Greet Type	of grout (circle one): Nest Coment
casing length: 07 teet Casing diameter: 10	tal man a production
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
screen slot size:	88 <u>feet to</u> 127 feet
Type of completion (circle all applicable): Gravel packed Underre	eamed Telescoped Open hole Natural Development
op of lap pipe or reduction in casing:	
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one screen, describe on next page

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



The sketch below only requi				Q15	4	
If well telescopes, show depe	<u>Descri</u> <u>wells a</u>	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations				
CHOUNG LEVEL	<u></u> .	Description	Description of Formations Encountered From (depth) To (depth)			
		LClav		Ground Level	To (depth)	
•	· ·	Fine	Sand	44	$\frac{13}{73}$	
		Med.	Sand/gravel	74	127	
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If more than any annual						
n more man one screen,	show location of each on ske	etch				
Sketch the property layout and	d include the C-11			4		
Sketch the property layout and aid in locating the	pe well: 3) and toppe some	ne well location; 2)	any permanent structures or	the property that may	\neg	
4) a north arrow	be well; 3) any roads, power	mies, or other item	is that may aid in locating th	e property and the well;	,	
•					.	
	<i>9</i>					
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Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole 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

Date

Patrick M. Chism

Landowner Name:

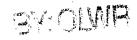
0695

R & S Rice Farm

Print Name of Responsible Licensee and License No.

Signature of Licensee

RECEIVED



County: Washington GW44249 Permit #: Irrigation Equipment Driller:

4-28-2010 Date completed:

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)

A anifo			For Office Use Only:				
Aquifer:	Q	154					
Wdl #:	ì						
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 Location R & S Rice Farm Owner Name: Latitude: Longitude: Mailing Address: Box 337 Method of Lat/Long (check one): Conventional Survey____ USGS quad____, Hand-held GPS___, Survey-grade GPS_ Hollandale MS 38748 ¼____ ¼ Sec 32 _T 15N _R 5W Zip Code Telephone No. (____) of Hollandale Miles Pump Type **Power Type** Circle one Air Lift Circle one Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: __ 70 Setting Depth: feet Rated Pump Capacity: 2800± Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: Circle one Static Water Level (A): _____Feet Below Land Surface Air Line Electric Measuring Line Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded _ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after ___hours of pumping 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)

A MINUTES

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

Signature of Pump Installer