

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)

County: Yazoo
Permit #: 6W41819
Irrigation Equipment
Driller: _____
Date drilling completed: 4-16-07

For Office Use Only:
Aquifer: _____
Well #: K-78
L. S. Elevation: _____
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: <u>Valley Planting</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 10</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Sataxia MS 39162</u> | <u>NE 1/4 SW 1/4 Sec 34 Twn 11N Rng 3W</u> |
| City State Zip Code | Distance Direction Nearest Town: <u>6 Miles North of Sataxia</u> |
| Telephone No. () _____ | |
| Well Data | |
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>Pivot Replacement</u> | |
| Date well drilling started: <u>4-16-07</u> | Date well drilling completed: <u>4-16-07</u> <u>6W 39394</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>21'</u> feet above or <u>below</u> (circle one) land surface | Date measured: <u>4-20-07</u> |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>117</u> Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>1050</u> inches Setting depth: From <u>78</u> feet to <u>117</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): <u>No log run</u> 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 | <u>[Signature]</u> |
| Print Name of Water Well Contractor and License No. | 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: YAZOO
 Permit #: 60041819
 Inspection Equipment
 Driller: _____
 Date completed: 4-19-07

For Office Use Only:

Aquifer: _____
 Well #: R-78
 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>Valley Planting</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 10</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Satastia MS 39162</u> | <u>SW 1/4 SW 1/4 Sec 26 Twn 11N Rng 30W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>6 Miles north of Satastia</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>10</u> |
| Date Pump Installed: <u>4-20-07</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>500±</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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| 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]
 Signature of Pump Installer