

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 #: LL-96
L. S. Elevation: _____
E-log #: _____

County: Yazoo
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 8-12-04

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>Dixie Farms</u> | Latitude: <u>32 . 35 , 32N</u> , Longitude: <u>90 . 39 , 09W</u> |
| Mailing Address: <u>Box 188</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Jackson, MS 39205</u> | USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS <u>4W</u> |
| City State Zip Code | <u>SE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec. <u>25</u> Twn <u>19N</u> <u>9N</u> Rng <u>5W</u> |
| Telephone No. () _____ | Distance <u>9</u> Miles Direction <u>SW</u> of Nearest Town <u>Satartia</u> |
| Contact Person: <u>Larry Vance</u> | |

| Well Data | | Wildlife Management |
|---|--|---------------------|
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> | | |
| Date well drilling started: <u>8-12-04</u> | Date well drilling completed: <u>8-12-04</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | |
| Static Water Level: <u>5ft.</u> feet above of <u>below</u> (circle one) land surface | Date measured: <u>8-16-04</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | | |
| Hole depth: <u>102'</u> Well depth: <u>102'</u> Well grouted to a depth of <u>10</u> feet | | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | | |
| Casing length: <u>62</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u> | | |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u> | | |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>63</u> feet to <u>102</u> feet | | |
| Type of completion (circle all applicable): <u>Gravel pack</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

Print Name of Water Well Contractor and License No.

Patrick M Chism

Signature of Water Well Contractor

RECEIVED

AUG 30 2004

BY: OLWR

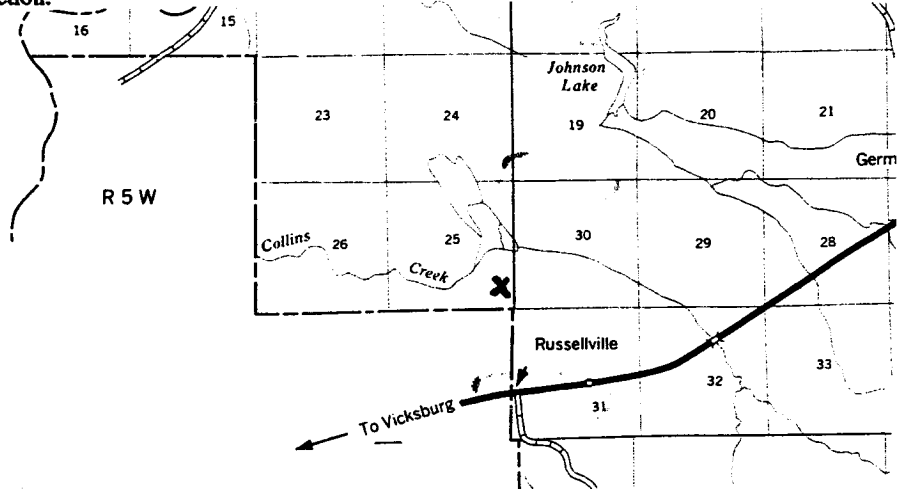
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 53 |
| Fine Sand/gravel | 54 | 60 |
| Med. Sand/gravel | 61 | 99 |
| Clay | 100 | 102 |
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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: Dixie Farms

Patrick M. Chisum
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)

For Office Use Only:

Aquifer: _____

Well #: U-96

Elevation: _____

County: Yazoo
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 8-16-04

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>Dixie Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 188</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Jackson, MS 39205</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 25 Twn 19N Rng 5W |
| Telephone No. (____) _____ | Distance Direction Nearest Town |
| | <u>9</u> Miles <u>SW</u> of <u>Satartia</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>8-16-04</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>2500-3000</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 <u>Steel Tape</u> |
| Static Water Level (A): <u>5</u> 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)

Patrick M Chism

Signature of Pump Installer

RECEIVED

AUG 30 2004

BY: OLWR