

Job # 7006

County: Cochran
 Permit #: 6W 4708
 Driller: Pete's Water Drilling
 Date drilling completed: 3-23-07

RODGERS

Well Driller Report and Log
 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 #: F-87
 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>Rodgers Planting Co.</u>	Latitude: <u>34° 19' 742"</u> Longitude: <u>90° 31' 469"</u>
Mailing Address: <u>10 Cypress Ridge Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale, MS 38644</u>	<u>SE 1/4 NE 1/4 Sec 05 Twn 28N Rng 03W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-2478</u>	<u>6 Miles N of Clarksdale</u>

Well Data

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

Date well drilling started: 3-23-07 Date well drilling completed: 3-23-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 3-23-07

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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

Log 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.

Pete Sappington 0430 **RECEIVED**
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

24 2007

41708

YMD JOINT WATER MANAGEMENT DISTRICT

Job # 7006

County: Cochoma
 Permit #: GW41708
 Driller: Pete's Well Drilling
 Date drilling completed: 3-23-07

Well Driller Report and Well Log

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 #: F-87
 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>Rodgers Planting Co.</u>	Latitude: <u>34° 19' 44" N</u> Longitude: <u>90° 31' 46" W</u>
Mailing Address: <u>10 Cypress Ridge Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale, ms 38644</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 5 Twn 28 N Rng 3 W</u>
Telephone No. <u>(662) 624-2478</u>	Distance Direction Nearest Town <u>6 Miles N of Clarksdale</u>

Well Data

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

Date well drilling started: 3-23-07 Date well drilling completed: 3-23-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 3-23-07

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Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that this 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.

Pete Sappington 0430
 Print Name of Water Well Contractor and License No.

Pete Sappington
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

APR 24 2007
 BY: OLWR

F-87

Ground Level GW 41708

Description of Formations Encountered	From	To
CLAY	0	30
FINE SAND	30	50
COURSE SAND & GRAVEL	50	100

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; *well indicate direction.

N

FARM HEADQTRS.

Jonestown/Rudyard Rd.

Hwy 61

W E

Landowner Name: Rodgers Planting Co. S

Signature of Water Well Contractor

RECEIVED
 APR 24 2007
 BY: OLWR

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: Coahoma
 Permit #: GW 41708
 Driller: Pete's Well Drilling
 Date completed: 3-23-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-
 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 Owner Information	Well Location
Owner Name: <u>Rodgers Planting Co</u>	Latitude: <u>34° 19' 74.2"</u> Longitude: <u>90° 31' 469.11"</u>
Mailing Address: <u>10 Cypress Ridge Dr</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>44</u>
<u>Clarksdale, MS 38614</u>	USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 5 T28 N R 3 W</u>
Telephone No. <u>(662) 624-2478</u>	Distance Direction Nearest Town <u>6</u> Miles <u>N</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> 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>4-10-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>two</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>22</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 _____ 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.

David P. Holt 0-752P
 Print Name of Pump Installer and License No. (if applicable)

David P. Holt
 Signature of Pump Installer

Form: OLEW 5/07/06

RECEIVED

MAY 07 2007
 BY: OLW