

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:

Apprifer:
Well #: Mide
L. S. Elevation:
E-log #:

County: Coahoma
Permit #: 42094
Driller: Irrigation Equipment
Date drilling completed: 8-14-07

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: Owner Name Mattson Farms, Mailing Address P.O. Box 69, Dublin Ms. 38739. Well Location: Latitude 34.04.335, Longitude 90.30.315, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SE 1/4 Sec 33, Twp 26N, Rng 3W, Distance 7 Miles, Direction SE, Nearest Town Clarksdale.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement. Date well drilling started: 8-14-07, Date well drilling completed: 8-14-07. Static Water Level: 35 feet above of below (circle one) land surface, Date measured: 8-14-07. 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. SEP 20 2007

RECEIVED

Name of organization running log(s): Irrigation Equipment Inc. Patrick M. Chism 0695. I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements in the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Signature of Water Well Contractor: [Signature]

12094

Steve Lockett contracted with us to drill well. He will

State Well Report

Part I

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For Office Use Only:

Aquifer:
Well #: M-106
L. S. Elevation:
E-log #:

County: Coahoma
Femil #: 60042094
Irrigation Equipment
Driller:
Date drilling completed: 8-14-07

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: Mattson Farms, P.O. Box 69, Dublin Ms. 38739
Well Location: Latitude: 34.04.33.5, Longitude: 90.30.31.5, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SE 1/4 Sec 33, Twn 26N Rng 3W, Distance 7 Miles, Direction SE of Clarksdale

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement
Date well drilling started: 8-14-07 Date well drilling completed: 8-14-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 8-14-07
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

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Steve Lockett contracted with us to drill well. He will set pump.

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AUG 28 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)

For Office Use Only:

Aquifer: _____

Well #: M-106

Elevation: _____

County: Coshema
 Permit #: 60040094
 Driller: Irrigation Equipment
 Date completed: 8/17/07

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>Mattson Farms</u>	Latitude: <u>34°04.558'</u> Longitude: <u>90°30.523'</u> <u>33</u> <u>31</u>
Mailing Address: <u>P.O. Box 69</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Dublin MS 38739</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 624-4412</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn _____ Rng _____
	Distance Direction Nearest Town
	<u>3/4</u> Miles <u>West</u> of <u>Dublin</u>

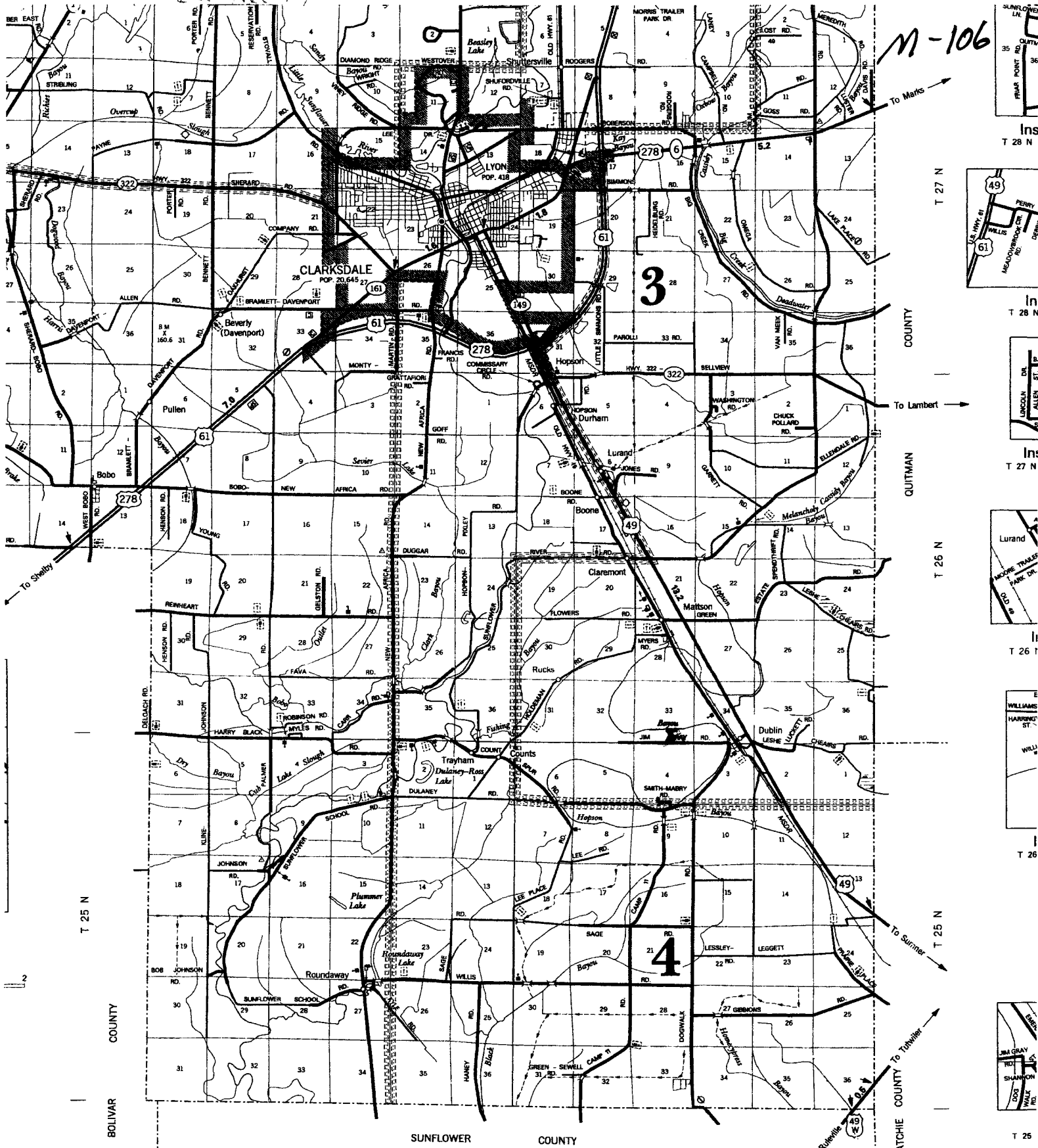
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8/17/07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</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.

Boyd Mitchell 0-722P
 Print Name of Pump Installer and License No. (if applicable)

Boyd Mitchell
 Signature of Pump Installer



Mattson Farms Map

GENERAL HIGHWAY MAP

COAHOMA COUNTY

MISSISSIPPI

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BY: OLWR