County: Coahoma	P	ell Report art 1 t of Environmental Quality	For Office Use Only:	
Permit#: Irrigation Equipment	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		Well #: 2 - 100	
Driller:	(601)	(S 39289-0631 961-5210	L. S. Elevation:	
		1-6938 (fax)	E-log #:	
State Law requires that this report 30 days of completion of drilling of		driller in detail and filed w	ith the Department within	
Well Owner Information			Location	
Owner Name Farmers Nationa		Latitude: 33 59 33.8	" Longitude:"	
Mailing Address: 622 West Popla	r, Suite 5	Method of Lat/Long (circle bn	e): Conventional Survey,	
PMB 357		USGS quad, Hand-held	GPS, Survey-grade GPS	
Collierville T	N 38017	se 1/4 ne 1/4 Sec 34	Twn 25N Rng 3W	
City State	Zip Code	Distance Direction	E.	
Telephone No. (901-850-1203		Watson Bayou F	of Rome Place	
	Well I			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 3-9-07 Date well drilling completed:				
If flowing, method of flow regulation: Valve	Other (d	escribe)		
Static Water Level: 37 feet above	o below (circle one) l	and surface Date measured:_	3-10-07	
Method of Measurement (circle one) steel 1	tare electric tape	air line other:		
Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonrie Mix				
Casing length: 84 feet Casing d	iameter: 16	inches Type of casing:	PVC Sch.40	
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40				
Screen slot size: <u>. 050</u> inches Setting depth: From <u>. 85</u> feet to <u>. 124</u> 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:	

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.

Name of organization running log(s):

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Irrigation Equipment Inc.

RECEIVED

Signature of Water Well Contractor

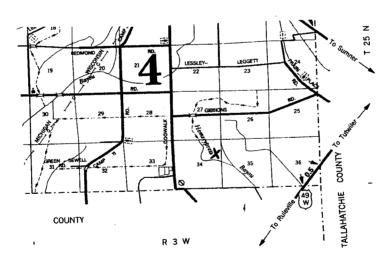
MAR 3 0 2007

Ground Level

Description of Formations Encountered	From	To
	0	58
Clay Med. Sand/gravel	59	124
neu. Dana, genver		
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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:			

Signature of Water Well Contractor

## STATE WELL REPORT

## Coahoma County: \_\_ Pennit#: Irrigation Equipment

## Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well #: 4 -	00		
Elevation:	-		

Date completed: 3-9-07	Jackson, M (601)	Box 10631 MS 39289-0631 )961-5210	
This report should be prepared by fi		54-6938 (fax) Elevation: ail and filed with the Department within 30 days of the	
installation of pump.  Well Owner Information		Well Location	
Owner Name: Farmers Nation	al Company	Latitude: Longitude:	
Mailing Address: 622 West Popl	ar, Suite 5	Method of Lat/Long (circle one): Conventional Survey.	
PMB 357		USGS quad, Hand-held GPS, Survey-grade GPS	
Collierville	TN 38017	¼¼ Sec 34 _Twn 25N Rng 3W	
City State	Zip Code .	Distance Direction Nearest Town	
901-850-1203 Telephone No. ()		3 Miles North of Rome	
Pump Type Circle one		Power Type Circle one	
Air Lift 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: 40	
<b>Date Pump Installed:</b> 3-10-07		Setting Depth: 70 feet	
Rated Pump Capacity: 1800±	Gallons Per Minute	Number of Stages: 2	
Pump Test Data  Date Well Tested:		Method of Measuring Water Level Circle one	
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface		Other (specify):	
Drawdown [(B)-(A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		feet afterhours of pumping	

Fattick M. Chism 0695	I HEREBY CERTIFY that the above statements are true to the best of	of myknowipage/	RECEIVED
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer 54.4 (2.0.20)		Patril MCO	MEUCIYLL
Mak 3 (July	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	MAR 3 0 1007