County: Mississippi Departmen	t of Environmental Quality Aquifer.			
Permit #: 60 4197 Office of Land a	and Water Resources Well # 13-243			
Driller:	Sox 10631 Is 39289-0631 L. S. Elevation:			
h = / / = Uh	1S 39289-0631			
	4-6938 (fax) 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 Location			
Well Owner Information				
Owner Name C & M Land, LLC	Latitude: 33, 12, 53.7 Longitude: 90,40,00.7			
Mailing Address: Box 708	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Tradianala MG 20754	SW SE 4 Sec 24 Twn 16N Rng 5W			
Indianola MS 38751				
City State Zip Code 662-887-2555	Distance Direction Nearest Town 6 Miles SW of I sola			
Telephone No. () Contact: Pat Chism				
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Rish Cultury Other Replacement			
Date well drilling started: 6-22-06 Date v	well drilling completed: 6-22-06			
If flowing, method of flow regulation: Valve Other (d	lescribe)			
Static Water Level: 36 feet above or below (circle one) !	and surface Date measured: 6-24-06			
Method of Measurement (circle one) teel tape electric tape	air line other:			
Hole depth: 140 Well depth: 140	Well grouted to a depth offeet			
Type of grout (circle one): Cement Hentonite Mix				
Casing length: 90 feet Casing diameter: 16	_inches Type of casing: PVC Sch. 40			
Screen length: 50 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40			
Screen slot size:inches Setting depth: From _	See Back feet to			
Type of completion (circle all applicable): Ocavel 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.				
	The same laws			
Irrigation Equipment Inc. Patrick M. Chism 0695	Vaho Mah			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

State Well Report

Part 1

For Office Use Only:

County: Humphreys

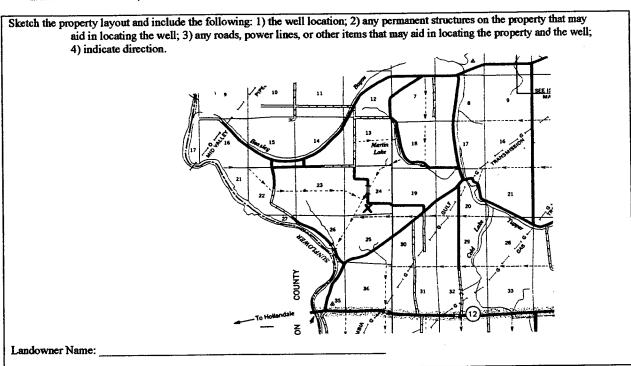
If well telescopes please sketch below and show depths.

Ground Level

Old Well 10' West.

		<u>To</u>
Description of Formations Encountered Clay Fine Sand	0	21
	22 36	35
Fine Sand/gravel	36	69
Med. Sand/gravel	70	90
Fine Sand/gravel	91	1 1 0
Med. Sand/gravel	1111	140
	<u> </u>	
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Screen 71-90		
Screen 71-90 Screen 111-140	<u> </u>	
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2 Humphreys Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Permit#: 6W 4N99 Irrigation Equipment

For Office Use Only:		
Aquifer:		
Well #:	B-243	
Elevation:		

Driller: Date completed: Conv information 1	6-22-06	Jackson, (60)	0. Box 10631 1. MS 39289-0631 1. MS 3928-0631 1. MS 392
This part of the r	report must be complitached and both part	eted by a licensed water well is filed with the Department	ll contractor or a licensed pump installer. A copy of Part 1 of the t at the above address within 30 days of well completion.
	Well Owner Infor	mation	Well Location
Owner Name:	& M Land	, LLC	Latitude: Longitude:
Mailing Address:	Box 708		Method of Lat/Long (check one): Conventional Survey,
			USGS quad, Hand-held GPS, Survey-grade GPS
		, MS 38751	¼¼ Sec_ 24 T_ 16N R_ 5W
	City Sta 662-887-25		Distance Direction Nearest Town
Telephone No.			6 Miles SW of Isola
	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: 50
Date Pump Installe	6-24-06 6-24-06		Setting Depth: 70 feet
Rated Pump Capac	city: 2200	Gallons Per Minute	Number of Stages:2
Pump Test Data		ata	Method of Measuring Water Level Circle one
Date Well Tested:			Chice one
		Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Le	evel (B):F	eet Below Land Surface	Other (specify):
Drawdown [(B) -	(A)]:I	Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate	e:	Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump	Test (minimum 4 hor	nrs):hours	feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the best		
Patrick M. Chism 0695	Kathe Michra	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLYNPEYR E | VED