

State Well Report

Part I

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:

Acquirer:
Well #: B-258
L.S. Elevation:
E-log#:

County: Humphreys
Permit #: OW 42286
Irrigation Equipment
Driller:
Date drilling completed: 11-13-07

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 Jimmy Duke Farms, Mailing Address 788 Sharp Road, Iso19 Ms. 38754, Telephone No. (662) 247-1592. Well Location: Latitude 32.12.44.6, Longitude 90.39.00.7, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NW 1/4 Sec 30 Twp 16N Rng 4W, Distance 5 Miles SW of Iso19.

Well Data: Purpose of Well Irrigation, Date well drilling started 11-13-07, Date well drilling completed 11-13-07, Static Water Level below land surface, Method of Measurement steel tape, Hole depth 132, Well depth 132, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 92 feet, Casing diameter 10 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 10 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 93 feet to 132 feet, Type of completion Gravel packed, Underscreened, Telescoped, Open hole, Natural Development.

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 of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Signature of Water Well Contractor: [Signature]

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B-258

GW42286

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	38
Fine Sand + Gravel	39	48
Medium Sand + Gravel	49	182

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: Jimmy Duke Farms

Patrol

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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:

Agency: _____

Well #: B-258

Elevation: _____

County: Humphreys
 Permit #: 6W42286
 Irrigation Equipment
 Driller: _____
 Date completed: 11-13-07

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>Jimmy Duke Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>788 Tharp Road</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Isola</u> <u>Ms.</u> <u>38754</u>	<u>NW 1/4 NW 1/4 Sec. 30 Twa 16N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 247-1592</u>	<u>5</u> Miles <u>SW</u> of <u>Isola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750 ±</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 _____ 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.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism
 Signature of Pump Installer

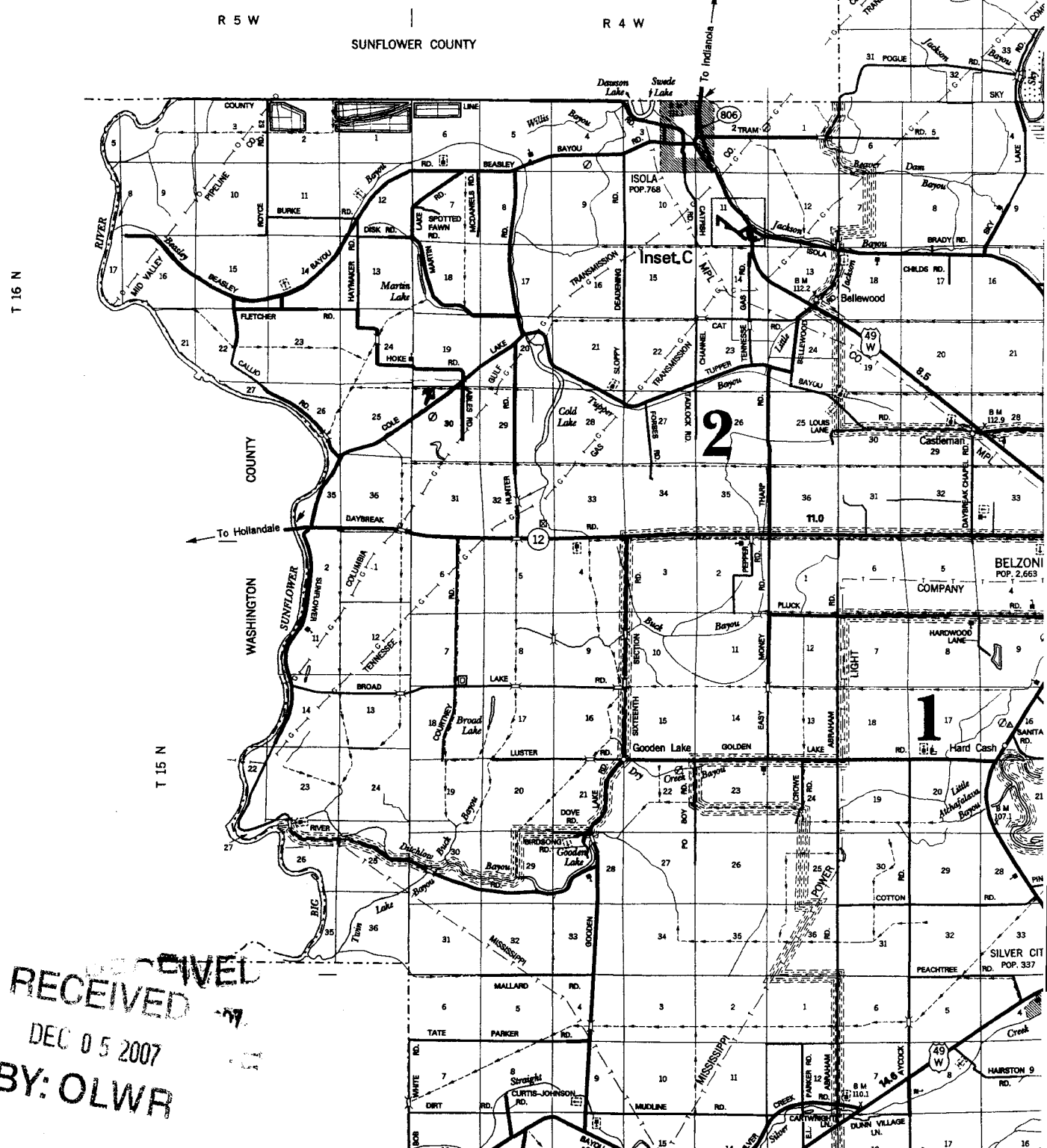
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R SUNFLOWER

Jimmy Duke Farms



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