

**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:

Aquifer: _____
Well #: C-165
L. S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: GW42183
Irrigation Equipment
Driller: _____
Date drilling completed: 10-15-07

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	Well Location
Owner Name: <u>R + S Rice Farms</u>	Latitude: <u>32.59.25.0</u> Longitude: <u>90.53.34.3</u>
Mailing Address: <u>P.O. Box 337</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale Ms. 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 11' Twn 13N Rng 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3 Miles NW of Anguilla</u>

Well Data

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

Date well drilling started: 10-15-07 Date well drilling completed: 10-15-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 114 Well depth: 114 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: ~~74~~ 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From ~~71~~ 70 feet to 110 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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor _____

RECEIVED
NOV 13 2007
BY [Signature]

C-165

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	28	49
Fine Sand + Gravel	50	60
Medium Sand + Gravel	61	110
Fine Sand	111	114

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: R + S Rice Farms

Signature of Water Well Contractor

RECEIVED
 NOV 13 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:

Acquirer: _____
 Well #: C-165
 Elevation: _____

County: Shankley
 Report #: GW42183
 Irrigation Equipment
 Driller: _____
 Date completed: 10-15-07

This report should be prepared by the pump installer in detail and filed with the Department within 36 days of the installation of pump.

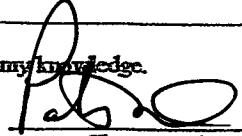
Well Owner Information	Well Location
Owner Name: <u>R+S Rice Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 337</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Hollandale Ms. 38748</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 11 Twn 13N Rng 7W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 Miles NW of Anguilla</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: _____	
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B)-(A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ 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.

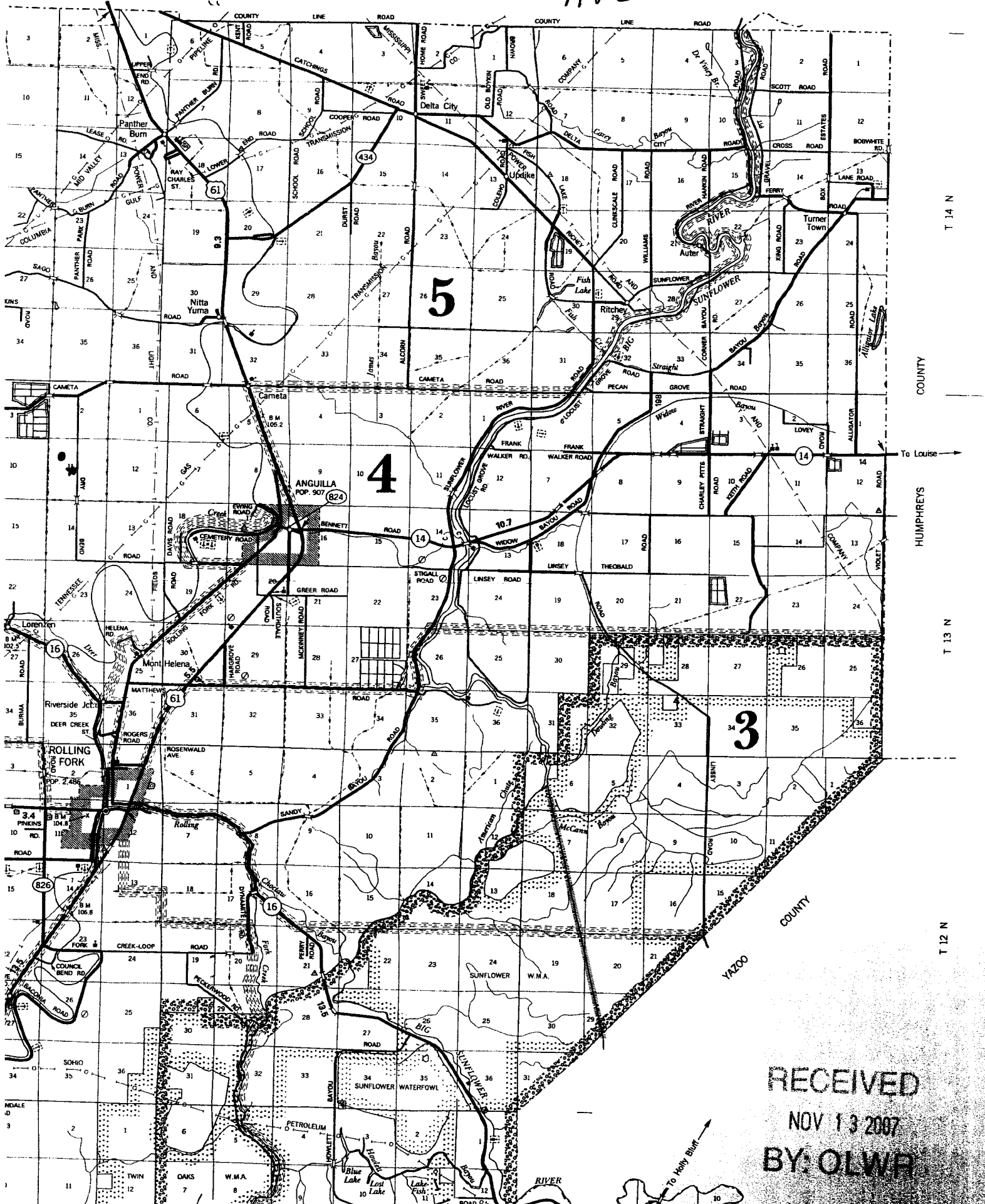
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

RECEIVED
 NOV 13 2007
 BY: OLIVER

C-165
R & S Rice Farms

COUNTY



T 14 N
 COUNTY
 HUMPHREYS
 T 13 N
 COUNTY
 VAZOO
 T 12 N

RECEIVED
 NOV 13 2007
 BY OLWR