County: Sharkey
Permit #: GW41317
Driller: Irrigation Equipment
Date drilling completed: 8-31-06

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:
Aquifer:
Well #: J-11
L. S. Elevation:
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 Owner Information

Owner Name: Moore Planting Company
Mailing Address: Box 336
Cary MS 39054
City State Zip Code
Telephone No. ( ) 873-4733

Well Location

Latitude: 32 40 25.2N Longitude: 90 56 34.9
23 35
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ NW ¼ Sec 32 Twn 10N Rng 7W
Distance 5 Miles Direction South Nearest Town of Onward

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 8-31-06 Date well drilling completed: 8-31-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20 feet above or (below) (circle one) land surface Date measured: 9-1-06
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 90 feet Casing diameter: 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: .050 inches Setting depth: From 91 feet to 130 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.

Patrick M Chism
Signature of Water Well Contractor

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SEP 19 2006
BY: OLWR

J.

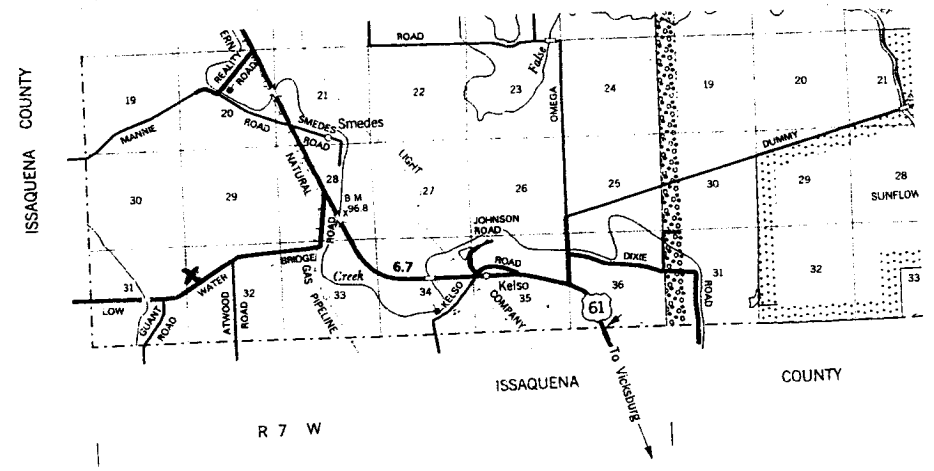
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	22
Fine Sand	23	35
Fine Sand/gravel	36	50
Med. Sand/gravel	51	68
Fine Sand/gravel	69	75
Fine Sand	76	89
Med. Sand/gravel	90	130

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: _____

Patrick M Chin

Signature of Water Well Contractor

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)

County: Sharkey
Permit #: GW 41317
Driller: Irrigation Equipment
Date completed: 8-31-06
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: J-71
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Moore Planting Company
Mailing Address: Box 336
Cary MS 39054
City State Zip Code
Telephone No. ( ) 873-4733

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS ___, Survey-grade GPS ___
SW ¼ NW ¼ Sec 32 T 10N R 7W
Distance Direction Nearest Town
5 Miles South of Onward

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | (Turbine)
Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 9-1-06
Rated Pump Capacity: 1400 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify): _____
Horse Power Rating of Motor: _____
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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Form: OLWR-SWR-1
BY: OLWR