

County: Sunflower
 Permit #: 0642-095
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-1-08

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 #: A-55
 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	Well Location
Owner Name: <u>Creation Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 926</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>Aberdeen Ms. 39730</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 12 Twn 24N Rng 4W</u>
Telephone No. <u>662-369-9531</u>	Distance <u>4</u> Miles <u>W</u> of <u>Rome</u> Direction Nearest Town

Well Data

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

Date well drilling started: 8-1-08 Date well drilling completed: 8-1-08

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

Static Water Level: 44 feet above of below (circle one) land surface Date measured: 8-4-08

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

Hole depth: 128 Well depth: 128 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88 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 89 feet to 128 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
~~District - Mr. Chisim~~ 0695
John P. Chisim 0439
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 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)

County: Sunflower
 Permit #: 0002995
Irrigation Equipment
 Driller: _____
 Date completed: 8-1-08

For Office Use Only:

Aquifer: _____
 Well #: A. 55
 Elevation: _____

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>Creation Plantation</u> Mailing Address: <u>P.O. Box 926</u> <u>Aberdeen Ms. 39730</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec. 12 Twn 24N Rng 4W</u> Distance Direction Nearest Town <u>4 Miles W of Rome</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> 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 <input type="checkbox"/> 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: <u>8-4-08</u>	
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
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	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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)


 Signature of Pump Installer

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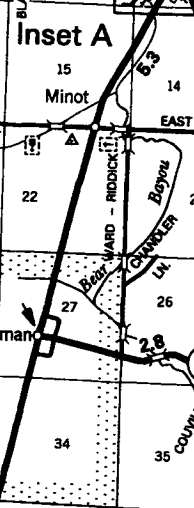
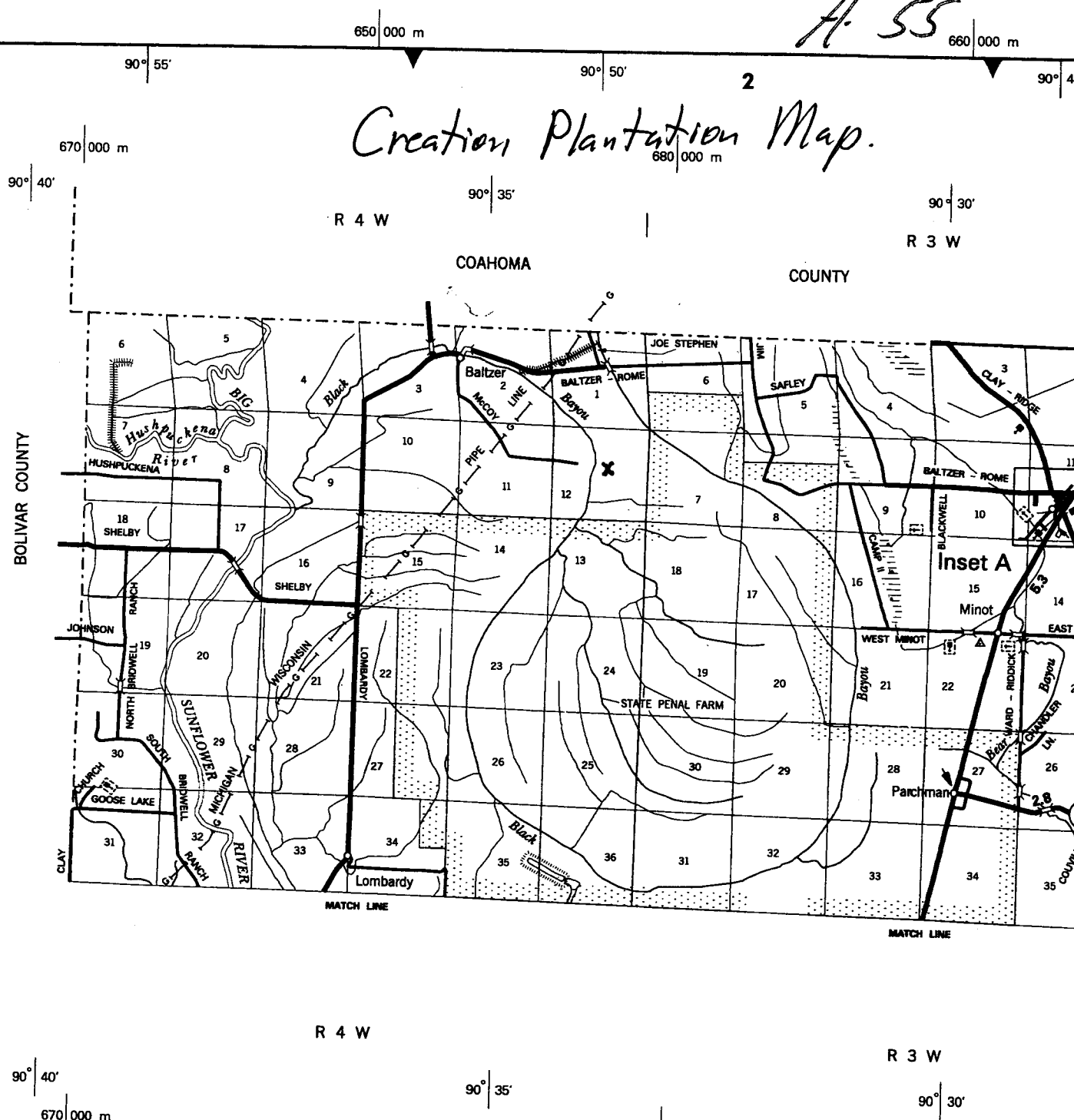
BY: OI/WP

WEST PLAZA CIR
 1 ST. C3
 VE. B3
 C3,C4
 A AVE. B3
 LN. A7
 DR. A3
 DR. A3
 AVE. B3
 AVE. C3
 B4
 R. C3
 L. C3
 RD. C3
 T. ST. C3
 B4
 OD CIR. B4
 THUR CIR. A3
 DR. B2
 WEST PLAZA CIR
 1 CIR. C3
 R. D3
 AVE. C3
 ST. B3,B4
 DR. B4
 VE. B2
 1. C3,D3
 T. B4
 C3
 T. C3
 VE. B4
 LL. DR. A3
 ST. B3
 ER AVE. B3
 DR. B2
 DR. A3
 VE. C3
 DR. C3
 VE. B3
 ID. A3
 ST. B3
 STA. ST. B3
 ST. A3,B3
 OD CIR. B3
 ST. B3
 RD. A3
 ST. C3
 1 AVE. B2
 E AVE. B2,B3
 ST. C4
 STON DR. C3
 RD. D3
 3 AVE. C3
 DR. B4
 1 PKWAY B4
 DR. B4

6047795

A. 55

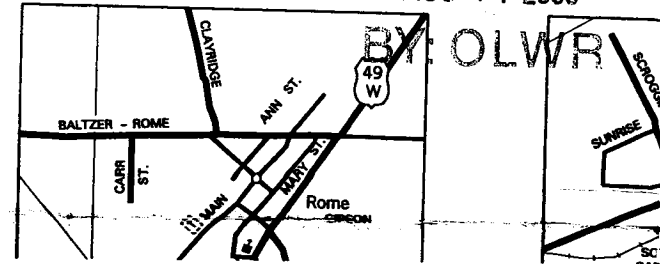
Creation Plantation Map.



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BY: OLWR



- | | | |
|----------------------|------------------------|--------------------------|
| EAST AUSTIN E5 | LUSK C4 | SOUTH WADE E3 |
| EAST BLACKBELT E5 | LYON BRIDGE D3 | SOUTHSIDE G4 |
| EAST CABLE G4 | M.C. GRITTMAN A5 | STAGGS C4 |
| EAST DELTA EXT. E5 | MADDERN D4 | STANSEL B6 |
| EAST GARVINS E4 | MAIR B2 | STEED - MIXON D4 |
| EAST GRESHAW E5 | MAJON E3 | STEELMAN D6 |
| EAST MCINTYRE B4 | MALLET - JONES C4 | STEPHEN - LYON D3 |
| EAST MINOT A3 | MAME LEE F4 | STEWART E4 |
| EAST NOBILE E5 | MARSHAM B2,F5 | STINSON E4,F4 |
| EAST PAXTON G4 | MARY ST. B2 | STRINGSFLOW B4 |
| EAST OLIVER B5,C5 | MAXWELL F5 | SUNFLOWER - ITTA BENA E5 |
| EASTLAND C5 | MCCARTY C5 | SUNFLOWER E4 |
| FAIRVIEW E3 | MCCORKLE C5 | SUNRISE B2 |
| FAISONIA PLANTION E4 | MCCOY F5 | SWANGO F3 |
| FARISH C5 | McDANIELS A5 | SWOOP E5 |
| FEEDLOT A4 | MCINTYRE C5 | TAYLOR C4 |
| FENCE E4 | MITCHELL C4,D4 | TERRELL C5 |
| FERGUSON ST. B2 | MIXON C4 | THARP A4 |
| FITTS E5 | MOLL E4 | THOMAS GOODIN B4 |
| FITZKUGH A5 | MOOREHEAD - BELZONI F5 | THOMPSON F4 |
| FISACKLEY D6 | MOUND G4 | THREE MILE LAKE F5,G5 |
| FLORA'S LN. E4 | | |