

County: Sunflower  
 Permit #: MS GW-49990  
 Driller: TEDDY Coats  
 Date drilling completed: 7/17/17

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: G198  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Chess AG Full Harvest Partners</u>        Mailing Address: _____  <u>145 Delta Avenue</u>  <u>Clarksdale MS 38614</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 43' 19"</u> Longitude: <u>90° 23' 53"</u>        Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 NE 1/4 Sec 01 Twn 21N Rng 04W</u>        Distance Direction Nearest Town  <u>1</u> Miles <u>N</u> of <u>Ruleville</u></p>
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**Well / Borehole Data**

Date drilling started: 7/17/17 Date drilling completed: 7/17/17 Hole depth: \_\_\_\_\_ Hole diameter: 28" VED

Location of the source of any surface water used for drilling: nearest well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): BY OLWR

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 7/17/17

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 80 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 80 feet to 20 120 feet

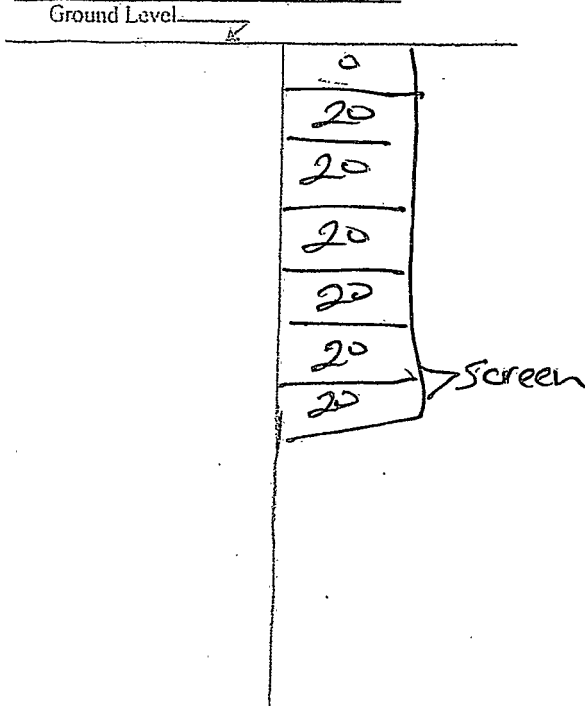
Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  Open hole  Natural Development   
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	10
il	10	20
il	20	30
Sand Dirt	30	40
sand	40	50
COALS Sand	50	60
COALS Sand	60	70
Sand Gravel	70	80
sand Gravel	80	90
Gravel	90	100
Gravel	100	110
Gravel	110	120

If more than one screen, show location of each on sketch

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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) a north arrow.

Landowner Name: Chess Ag Full Harvest Partners

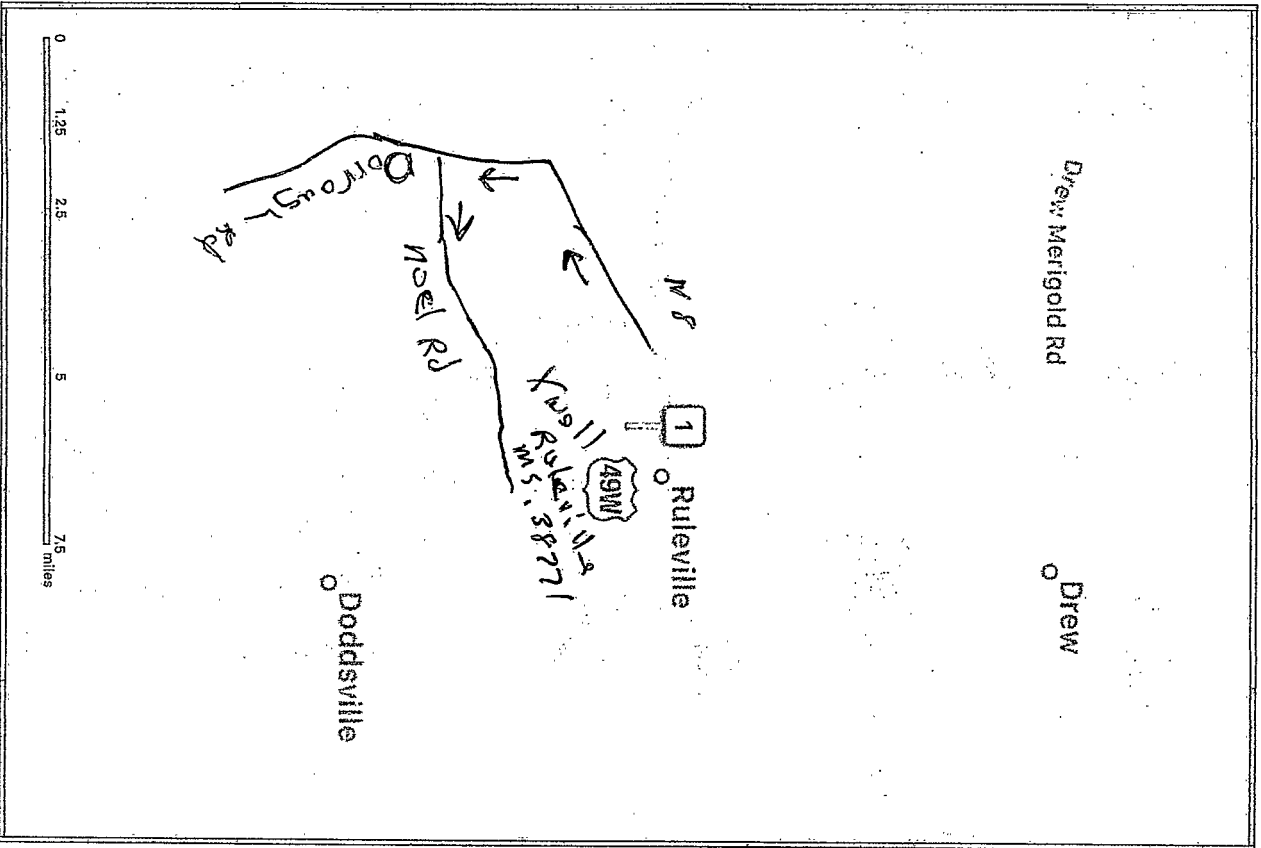
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

TEDDY Coats #5318      7/17/17      Jaddy Coats  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

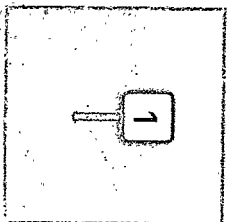
6198



33 43 19n 90 33 53W  
near Ruleville



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Ruleville, MS 38771  
Ruleville, MS 38771

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Sunflower  
 Permit #: MS.GW 49990  
 Driller: TEDDY COATS  
 Date completed: 7/17/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 6198  
 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	Well Location
Owner Name: <u>Choss Ag Fall Harvest Partners</u>	Latitude: <u>33.43 19</u> Longitude: <u>90 33 53</u>
Mailing Address: <u>Same</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale MS 38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 01 T 21 N R 043</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>NW</u> of <u>Rubellie</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<b>RECEIVED</b> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <b>Turbine</b>	SEP 07 2017 Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill <b>Other (specify):</b> <u>OLWR</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60 HP</u>
Date Pump Installed: <u>7/17/17</u>	Setting Depth: <u>86</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/17/17</u>	Air Line Electric Measuring Line <b>Steel Tape</b>
Static Water Level (A): <u>20</u> Feet <del>Below</del> Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet <del>Below</del> Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of
Test Pumping Rate: <u>2500</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TEDDY COATS #5318 Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer