

County: Sunflower
 Permit #: GW 44177 ✓
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-17-2011

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: H 203
 Well #: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Cottdonale Inc.</u> Mailing Address: <u>Box 926</u> <u>Aberdeen MS 39730</u> City State Zip Code Telephone No. <u>(662) 369-9531</u>		Well or Borehole Location Latitude: <u>33.41, 20.5</u> Longitude: <u>90.31, 28.8W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> <u>NE</u> <u>17</u> <u>21N</u> <u>3W</u> 1/4 Sec 1/4 Twn Rng Distance Direction Nearest Town <u>SE</u> of <u>Ruleville</u>	
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Well / Borehole Data
 Date drilling started: 6-17 Date drilling completed: 6-17 Hole depth: 118 Hole diameter: 24"
 Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 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: Replacement for 10582
 If a flowing well, method of flow regulation: Valve ___ Other (describe) _____
 Static Water Level: 50 feet above or Below (circle one) land surface Date measured: 6-18-2011
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 86 feet Casing diameter: 16 inches Type of casing: pvc
 Screen length: 32 feet Screen diameter: 16 inches Type of screen: pvc
 Screen slot size: .050 inches Setting depth: From 87 feet to 118 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*

County: Sunflower
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Irrigation Equipment
 Driller: _____
 Date completed: 6-17-2011
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: H203
 Elevation: _____

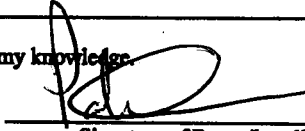
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Cottondale Inc</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 926</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Aberdeen MS 39730</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>21N</u> R <u>3W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____
	_____ of <u>Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input checked="" 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>60</u>
Date Pump Installed: <u>6-18-2011</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	Number of Stages: <u>2</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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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