

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 #: J-117
L. S. Elevation:
E-log #:

County: Sunflower
Permit #: GW 42239
Irrigation Equipment
Driller:
Date drilling completed: 10-30-07

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: Owner Name Tri-cotton Farms, Mailing Address C/o Steve Skelton, 85 Hwy 442, Shaw Ms. 38773. Well Location: Latitude 33.36.13.9, Longitude 90.43.26.6, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 SW 1/4 Sec 4, Twn 20N, Rng 5W, Distance 3 Miles, Direction East, Nearest Town Shaw.

Well Data: Purpose of Well Irrigation, Date well drilling started 10-30-07, Date well drilling completed 10-30-07, Static Water Level 43 feet above of below land surface, Date measured 10-31-07, Method of Measurement steel tape, Hole depth 127, Well depth 127, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 87 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 88 feet to 127 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing feet, Logs run No log run, 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.

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:

Agency: _____

Well #: J-117

Elevation: _____

County: Sunflower
 Permit #: OW42239
 Irrigation Equipment
 Driller: _____
 Date completed: 10-30-07

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>Tri-cotton Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>40 Steve Skelton</u> <u>85 Hwy 442</u> <u>Shaw Ms. 38773</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. () _____ | <u>SE 1/4 SW 1/4 Sec. 4 Twa 20N Rng 5W</u> |
| | Distance Direction Nearest Town <u>3 Miles East of Shaw</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>10-31-07</u> | Setting Depth: <u>80'</u> feet |
| Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| 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 | |

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)

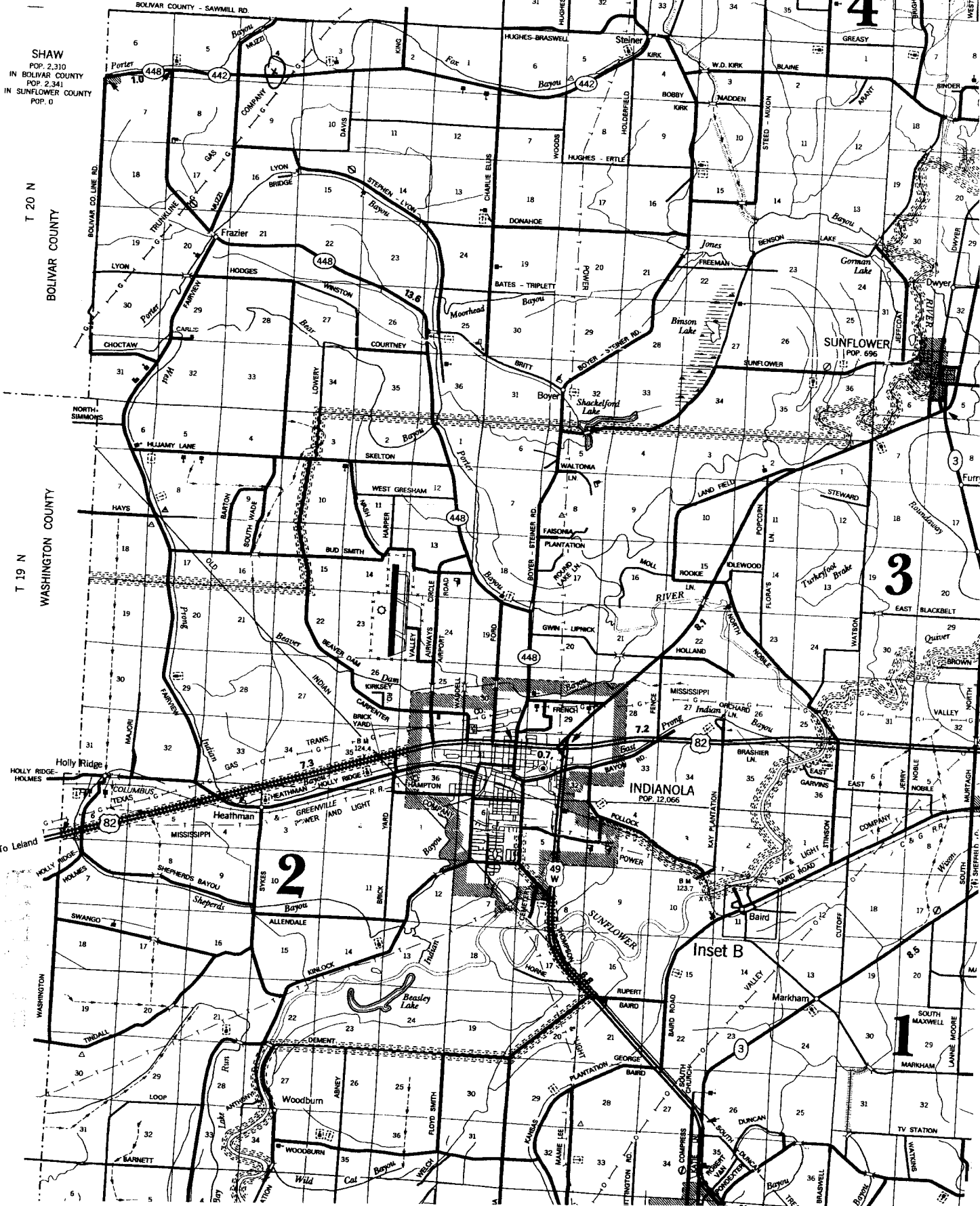
Patrick M. Chism
 Signature of Pump Installer

Tri-cotton Farms Map

6W42239

R 5 W

BOLIVAR COUNTY



SHAW
POP. 2,310
IN BOLIVAR COUNTY
POP. 2,341
IN SUNFLOWER COUNTY
POP. 0

T 20 N
BOLIVAR COUNTY

T 19 N
WASHINGTON COUNTY

T 18 N
WASHINGTON COUNTY

JE 117

4

3

2

Inset B

1