County: Sunflower					
Permit # Y	S6W 4 ation	10449 Equipment			
Driller: Date drillin	g completed:	6-3-05			

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 #: 177			
L. S. Elevation:			
E-log #:			

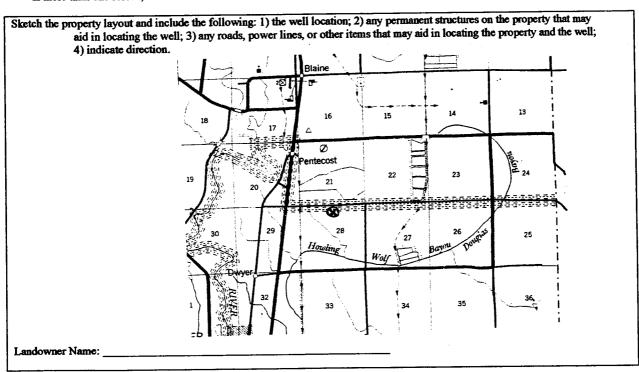
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drilling of the well.							
Well Owner Information	Well Location						
Owner NameDiversified Farms	Latitude: 133.2, Longitude: 90.31.2.9,						
Mailing Address: c/o Fischer Farm Service	Method of Lat/Long (circle one): Conventional Survey,						
	USGS quad, Hand-held GPS, Survey-grade GPS						
Box 926	NE 1/4 NW 1/4 Sec 28 Twn 20N Rng 3W						
Abardson MG 39730							
Aberdeen, MS 39730 City State Zip Code	Distance Direction Nearest Town						
Telephone No. (662-369-9531	2_Miles North of Sunflower						
Telephone No. ()							
Well	Data						
	Poplagoment						
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation (Fish Culture) (Other:						
Date well drilling started: $6-3-05$ Date w	well drilling completed:						
If flowing, method of flow regulation: Valve Other (c	escribe)						
Static Water Level: 54' feet above & below (circle one)	•						
Method of Measurement (circle one) steel type electric tape	air line other:						
Hole depth: 127' Well depth: 127'	Well grouted to a depth of1 ()feet						
Type of grout (circle one): Cement Bentonite Mix							
Casing length: 87 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							
Type of completion (circle all applicable): Gravel packed Under	rreamed 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:							
Y Consider annia location							
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	tatres M Chin						
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor						

Ground Level

Description of Formations Encountered	From	To_
Clay	0	35
Fine Sand	36	5.5
Med. Sand/gravel '	56	85
Med. Sand/gravel Coarse Sand/gravel	86	127
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Sunflower Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Irrigation Equipment P.O. Box 10631 Jackson, MS 39289-0631 6-6-05 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #: 1 - 177		
Elevation:		

Date completed: 6-6-05	•	1)961-5210 54-6938 (fax)		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: Diversified Farms		Latitude: Longitude:				
c/o Fischer Farm Services Mailing Address:		Method of Lat/Long (circle one): Conventional Survey,				
Box 926		USGS quad, Hand-held GPS, Survey-grade GPS				
Aberdeen, MS	39730	NE 1/4 NW 1/4 Sec 28 20N Rng 3W				
City State	Zip Code					
Telephone No. (662-369-9531		Distance Di	rth of Sur	· · -		
Pump Type Circle one		Power Type Circle one				
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas		
Bucket Piston	Turbine	Ricctric Motor	Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):			
Other (specify):						
Date Pump Installed: $6-6-0$	5	Setting Depth:	80	foct		
Rated Pump Capacity: 2500	Gallons Per Minute	Number of Stages: _	1			
Pump Test Data	Method of Measuring Water Level Circle one					
Date Well Tested:		Air Line Ele	ctric Measuring Lir	c Steel Tane		
Static Water Level (A):Feet B	selow Land Surface		_	_		
Pumping Water Level (B):Feet B	elow Land Surface	Other (specify):	· · · · · · · · · · · · · · · · · · ·			
Drawdown [(B) - (A)]:Feet B	For flowing well, me	easured shut in head	:feet			
Test Pumping Rate:	Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of					
Duration of Pump Test (minimum 4 hours): _	hours	fe	et after	hours of pumping		
I HEREBY CERTIFY that the above statemen	nts 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