County: Sunflower Permit # 39796 Irrigation Equipment Driller: 9-14-04 Date drilling completed: 9-14-04	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 #:
State Law requires that this report be 30 days of completion of drilling of the Well Owner Information Hard Cash Plantin C/O Gary Fratesi	e well.	Well	ith the Department within Location Longitude: 90 . 39 , 35 W
Mailing Address: 4 Morningside Indianola, MS City State Telephone No. (662-887-6153)	Drive 38751 Zip Code	Method of Lat/Long (circle or	1 GPS, Survey-grade GPS Twn Rng 4W Nearest Town
Purpose of Well (circle one) Home Industrial Date well drilling started: $9-14-04$ If flowing, method of flow regulation: Valve_ Static Water Level: 30 ft feet above of Method of Measurement (circle one) $\frac{30 \text{ ft}}{30 \text{ ft}}$ Hole depth: $\frac{113}{3}$ Well depth:	Other (do below (circle one)	well drilling completed:9 lescribe)land surface Date measured;	9-15-04
Type of grout (circle one): Cement Be Casing length: 73 feet Casing di Screen length: 40 feet Screen di	entonite Mix ameter: 12 iameter: 12	inches Type of casing: _	PVC 160
Type of completion (circle all applicable):	avel packed Under ther (describe):	rreamed Telescoped Ope	n hole Natural Development reen, describe on back of page

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Irrigation Equipment Inc.

Print Name of Water Well Contractor and License No.

0695

Patrick M. Chism

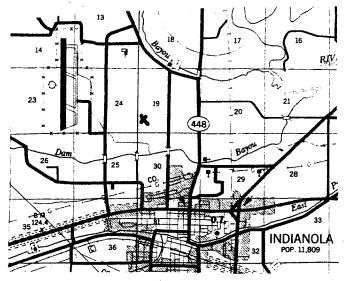
Signature of Water Well Contractor

Ground Level	11-130
-:	70 700

Des	cription of Formations Encountered	From	To
Clay Fine	·	. 0	24
Fine	Sand	25	45
Fine	Sand/gravel	46	58
Med.	Sand/gravel	59	113
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If more than one screen, show location of each on sketch

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) indicate direction.



Landowner Name: Hard Cash Planting Co.

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:		
Aquifer:		
well #: N-130		
Elevation:		

This repor	of pump.	• •	tail and filed with the Department within 30 days of the
	Well Owner Inform	ation	Well Location
Owner Name:	Hard Cash Pl	anting Co.	Latitude: Longitude:
Mailing Address: 4 Morningside Drive		de Drive	Method of Lat/Long (circle one): Conventional Survey,
			USGS quad, Hand-held GPS, Survey-grade GPS
	Indianola,	MS 38751	NW 1/4 SW 1/4 Sec 19 Twn 19N Rng 4W
	City State	Zip Code	Distance Direction Nearest Town
Telephone No. (662-887-6153		1 Miles North of Indianola
	Gary Fratesi		
	Pump Type Circle one		Power Type Circle one
Air Lift	Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):
Other (specify):		·	Horse Power Rating of Motor:30
Date Pump Installed: 9-15-04		-04	Setting Depth: 70 feet
	pacity:1500		Number of Stages: 2
	Pump Test Dat	a	Method of Measuring Water Level Circle one
Date Well Tester	d:		Air Line Electric Measuring Line Steel Tape
Static Water Level (A): 30 Feet Below Land Surface		et Below Land Surface	
Pumping Water	Level (B):Fee	et Below Land Surface	Other (specify):
Drawdown [(B)	- (A)]:Fe	et Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute		Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours		s): hours	feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the bes	t of my knowledge.
Patrick M. Chism 0695	t of my knowledge. Patrich M Char Signature of Purp Installer
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer