	State Well Report				
county: Sunflower	Part 1 – Driller's Log	For Office Use Only:			
Permit #: $GW - 43572$	Mississippi Department of Environmental Quality	Aquifer: N 152			
Irrigation Equipment	Office of Land and Water Resources P.O. Box 2309	Well #:			
	Jackson, MS 39225	L. S. Elevation:			
Date drilling completed: <u>4-5-10</u>	(601)961- 5210 (601)961- 5228 (fax)				
State Law requires that this repor	t be prepared by the license holder responsible for	E-log #:			
<u>Department</u> at the above address	within 30 days of completion of drilling of the well	l or borehole.			
information on Well (Well or R	orehole Location			
(Landowner if borehole is not fo		2." Longitude: 90 .33			
Owner Name Watson + We	<u>1 ISUM I GRMIS CFC</u>				
Mailing Address: <u>P. D. Box</u> 15	Method of Lat/Long (circle o	ne): Conventional Survey,			
		d GPS) Survey-grade GPS			
Madison M	<u>s. 5/1/0</u>	<u>V Twn 19N Rng 44</u>			
City Stat	e Zip Code Distance Direction	of Sunflower			
Telephone No. ()		or Ouns Tower			
	Well / Borehole Data				
Date drilling started: 4-5-10 Date dril	lling completed: <u>4-5-10</u> Hole depth: <u>127</u>	Hole diameter: 18"			
Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>					
Method of dosing and volume of Chlorine	used in drilling and development: <u>50 PPM</u>				
Method of dosing and volume of Chlorine	Used for drilling: Surface Water used in drilling and development: 50 PPM Electric Gamma Ray Density Sonic Neutron	Other:			
Method of dosing and volume of Chlorine Logs run (circle all applicable) No log run Name of organization running log(s): Purpose of borehole (check one): Water We	used in drilling and development: <u>50 PPM</u> Electric Gamma Ray Density Sonic Neutron ell Geotechnical/Geological Investigation Ground				
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The sketch below only required for water wells

If well telescopes, show depths on sketch.	
Ground Level	

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

Description of Formations Encountered	From (depth)	To (depth)
Clav	Ground Level	32
Fine Sand + Gravel Medium Sand & Gravel	33	48
Medium Sand & Gravel	49	127
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		1
	1	-
····-		<u> </u>
	+	
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· · · · · · · · · · · · · · · · · · ·		+
	1	1

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) a north arrow.

Landowner Name: Watson + Watson Farms LLC

Form: OLWR-SWR-1A (04/08)

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,

Patrick M. Chism 0695

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

County: JAIN [12] LAP [12] LA		STATE WEL	L REPORT	
Permit * Office of Land and Water Resources Date completed: 9-5-7/2 Case Information them block on Perif. Differed Land Mater Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5210 Case Information there how hock on Perif. Differed Land Mater Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5210 Case Information the completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be attended and both parts filds with the Department of Environmental Quality. Well Øreer Information Well Øreer Information Owner Name(Walfsten + Walfsten + Earners) Landitude:: Mailing Address: PLO Box 1 / S S O Mailing Address: PLO Box 1 / S S O Mailing Address: PLO S State Zip Code S E & M E & Sec / T J R R 4 H Distance Direction on S Nearget, Town Miles State Pump Type Circle one Circle one State Distance Power Type Circle one State Distance Power Type Circle one State </th <th>county: <u>Sunflower</u></th> <th></th> <th></th> <th>For Office Use Only:</th>	county: <u>Sunflower</u>			For Office Use Only:
Diller:	Permit #: <u>6W · 43572</u>	Mississippi Department of	Environmental Quality	$\frac{\text{Aquifer: } N 15}{2}$
(601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 Well Owner Information Well Owner Information Owner Name(Waffson + Waffson Fgrms / L/L Mailing Address: Pio B 0 x / 1 > 50 Method of LavLong (check one): Conventional Survey_ USGS quad _, Hand-held GPS _, Survey-grade GPS Matter Zip Code Direction Nearget Town Owner Type Circle one Circle one Direction Nearget Town Pump Type Circle one Circle one Direction Pump Type Circle one	Driller:			Well #:
Core Information from block on Part 1 (601)961-5228 (fax) 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 report must be attacked and both parts filed water well contractor or a licensed pump installer. A copy of Part 1 of report must be attacked and both parts filed water well contractor or a licensed pump installer. A copy of Part 1 of report must be attacked and both parts filed with the Department of the above address within 30 depts of well constituent. Well Owner Information Well Owner Information Owner Name(<u>Vaf 30n + Waf 30n Farms</u> <u>LL</u>) Latitude: Mailing Address: <u>Plo B 0 x 1/S 50</u> Mailing Address: <u>Plo S 1/S 50</u> Mailing Address: <u>Plo X 1/S 60</u> Mailing Address: <u>Plo X 1/S</u>	Date completed: <u>4-5-10</u>	Jackson, M	S 39225	Elevation:
Typer masks be attracted and both pering lited with the Department of the above address within 30 days of evel completion. Well Overel Completion Mailing Address: P.O. Box / JSSD Method of Lat/Long (check one): Conventional Survey-grade GPS Method of Lat/Long (check one): Conventional Survey-grade GPS Method of Sun FileWell Miles State Zip Code Direction Nearget, Town Distance Direction Nearget, Town Distance Direction Nearget, Town Direction Turbine Blocket Power Type Circle one And JScon Multimethod for Measuring Water Level Circle one Circle one <tr< td=""><td>Corr information from block on Part 1</td><td></td><td></td><td></td></tr<>	Corr information from block on Part 1			
Well Owner Information Well Dever Information Well Address: P.O. B.O.X. 1/550 Mailing Address: P.O. B.O.X. 1/550 Mailing Address: P.O. B.O.X. 1/550 Difference No. (This part of the report must be completed	by a licensed water well com	ractor or a licensed pum	p installer. A copy of Part 1 of
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Madison Ms. 39110 City State Zip Code Telephone No. (· ·
Telephone No. (Madison M.	s. 39110	•	
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Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural C Bucket Piston Turbine Electric Motor Hand Tractor PI Centrifugal Rotary Flowing Well Windmill Other (specify):	Telephone No. ()		$\underline{\mathcal{L}}_{\text{Miles}}$	of Sun Flower
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural C Bucket Piston Turbine Electric Motor Hand Tractor PI Centrifugal Rotary Flowing Well Windmill Other (specify):		L		
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Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet C	Submersible Di	esel Engine Gaso	line Engine Natural G
Other (specify):	Bucket Piston	Turbine	ectric Motor Hand	d Tractor P1
Date Pump Installed: 4-6-70 Rated Pump Capacity: 750 ± Gallons Per Minute Pump Test Data Setting Depth: Date Well Tested: 70 Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Crawdown [(B) - (A)]: Feet Below Land Surface Date 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 HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Yint Name of Pump Installer and License No. (if applicable) Setting Pump Installer	Centrifugal Rotary	Flowing Well W	indmill Othe	r (specify):
Rated Pump Capacity: 750 [±] Gallons Per Minute Number of Stages:	Other (specify):	Но	orse Power Rating of Mot	or: <u>15</u>
Rated Pump Capacity: 7502 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested:	Date Pump Installed: 4-6-7	<u>'0</u>	tting Depth:	70 feet
Pump Test Data Method of Measuring Water Level Date Well Tested:	Rated Pump Capacity: 750±			<u> </u>
Date Well Tested:				
Static Water Level (A):Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B):Feet Below Land Surface Other (specify): Other (specify): For flowing well, measured shut in head:feet Orawdown [(B) - (A)]:Gallons Per Minute Gallons Per Minute Well yieldedGPM with a drawdown of Ouration of Pump Test (minimum 4 hours):hours hours feet afterhours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Signature of Pump Installer	Pump Test Data Date Well Tested:			
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HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Fint Name of Pump Installer and License No. (if applicable)	Duration of Pump Test (minimum 4 hours): _	hours	feet after	hours of pumping
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Patrick M. Chism 0695 rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	······································			
Patrick M. Chism 0695 rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	I HEREBY CERTIFY that the above stateme	ents are true to the best of my	knowledge.	
	Patrick M. Chism 069	95	NO.	
Form: OLWR-SWR-1C (Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump	
)	FUILL OLVVK-SVVK-1C (