

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)

County: Sunflower
 Permit #: 6W 41534
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 2-27-07

For Office Use Only:
 Aquifer: R243
 Well #: Q-165
 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.

| Well Owner Information | Well Location |
|--|--|
| Owner Name <u>Goose Pond Ag</u> <u>c/o John Hancock Insurance</u> Mailing Address: _____ <u>362 New Byhalia Road, Suite</u> <u>203</u> <u>Collierville TN 38017</u> City State Zip Code Telephone No. () _____ | Latitude: <u>33</u> ° <u>24</u> ' <u>04.0</u> " Longitude: <u>90</u> ° <u>33</u> ' <u>00.2</u> W Method of Lat/Long (circle one): <u>04</u> Conventional Survey, <u>00</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>13</u> Twn <u>18N</u> Rng <u>4W</u> <u>NE</u> <u>NW</u> <u>30</u> Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Moorhead</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Replacement Other: 6W11724

Date well drilling started: 2-27-07 Date well drilling completed: 2-27-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 2-28-07

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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 Patrick M. Chism

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If well telescopes please sketch below and show depths.

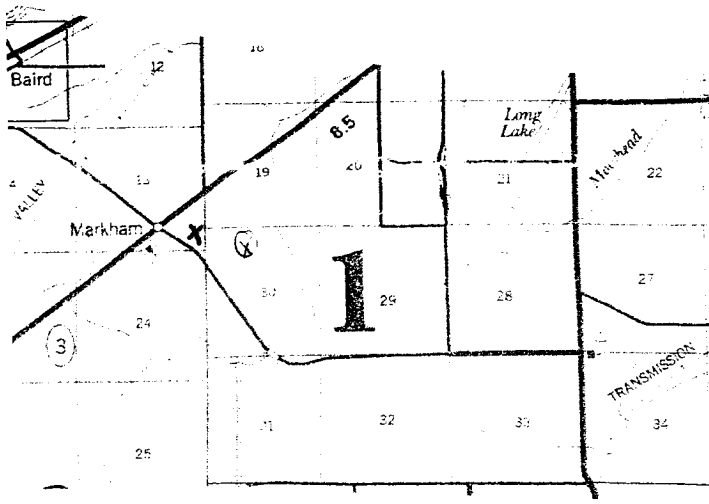
Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 38 |
| Fine Sand | 39 | 45 |
| Fine Sand/gravel | 46 | 61 |
| Med. Sand/gravel | 62 | 125 |
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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.

Old Well 20' East



Landowner Name: _____

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)

County: Sunflower
 Permit #: GW 41534
 Irrigation Equipment
 Driller: _____
 Date completed: 2-27-07

For Office Use Only:

Aquifer: R-243
 Well #: Q-165
 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: <u>Goose Pond Ag</u> c/o <u>John Hancock Insurance</u> Mailing Address: _____ <u>362 New Byhalia Rd, Suite</u> <u>203</u> <u>Collierville TN 38017</u> City State Zip Code <u>901-854-4649</u> Telephone No. () _____ | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>18N</u> Rng <u>4W</u> NE NW Direction <u>30</u> Nearest Town <u>3W</u> Distance <u>4</u> Miles <u>South</u> of <u>Moorhead</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2-28-07</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute | <u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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

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