

Sunflower

County: Washington
 Permit #: 6642301
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 12-5-07

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 #: D-88
5111
 L. S. Elevator: _____
 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>Looney Farms Partnership</u> | Latitude: <u>33.20.11.0</u> Longitude: <u>90.45.35.0</u> |
| Mailing Address: <u>105 Buck Road</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Leland</u> <u>Ms.</u> <u>38756</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW NW</u> <u>1/4 SW 1/4</u> Sec: <u>7</u> Twn <u>17N</u> Rng <u>5W</u> |
| Telephone No. <u>(662) 686-9772</u> | Distance Direction Nearest Town |
| | <u>9</u> Miles <u>W</u> of <u>Inverness</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 12-5-07 Date well drilling completed: 12-5-07

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 12-6-07

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 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 81 feet to 120 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 regulations 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.

RECEIVED
 DEC 14 2007
 BY: OLWR
 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: Washington
 Permit #: GW04301
 Irrigation Equipment
 Driller: _____
 Date completed: 12-5-07

For Office Use Only:

Aquifer: _____
 Well #: J88
 Elevation: 511

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>Looney Farms Partnership</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>105 Buck Road</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Leland Ms. 38756</u> | <input checked="" type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW NW 1/4 SW 1/4 Sec 7 Twn 17N Rng 5W</u> |
| Telephone No. <u>(662) 686-9772</u> | Distance Direction Nearest Town |
| | <u>9 Miles W of Inverness</u> |

| Pump Type Circle one | Power Type Circle one |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>12-6-07</u> | Setting Depth: <u>70</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| 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 _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| 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)

[Signature]
 Signature of Pump Installer

RECEIVED
 DEC 14 2007
 BY: OLWR

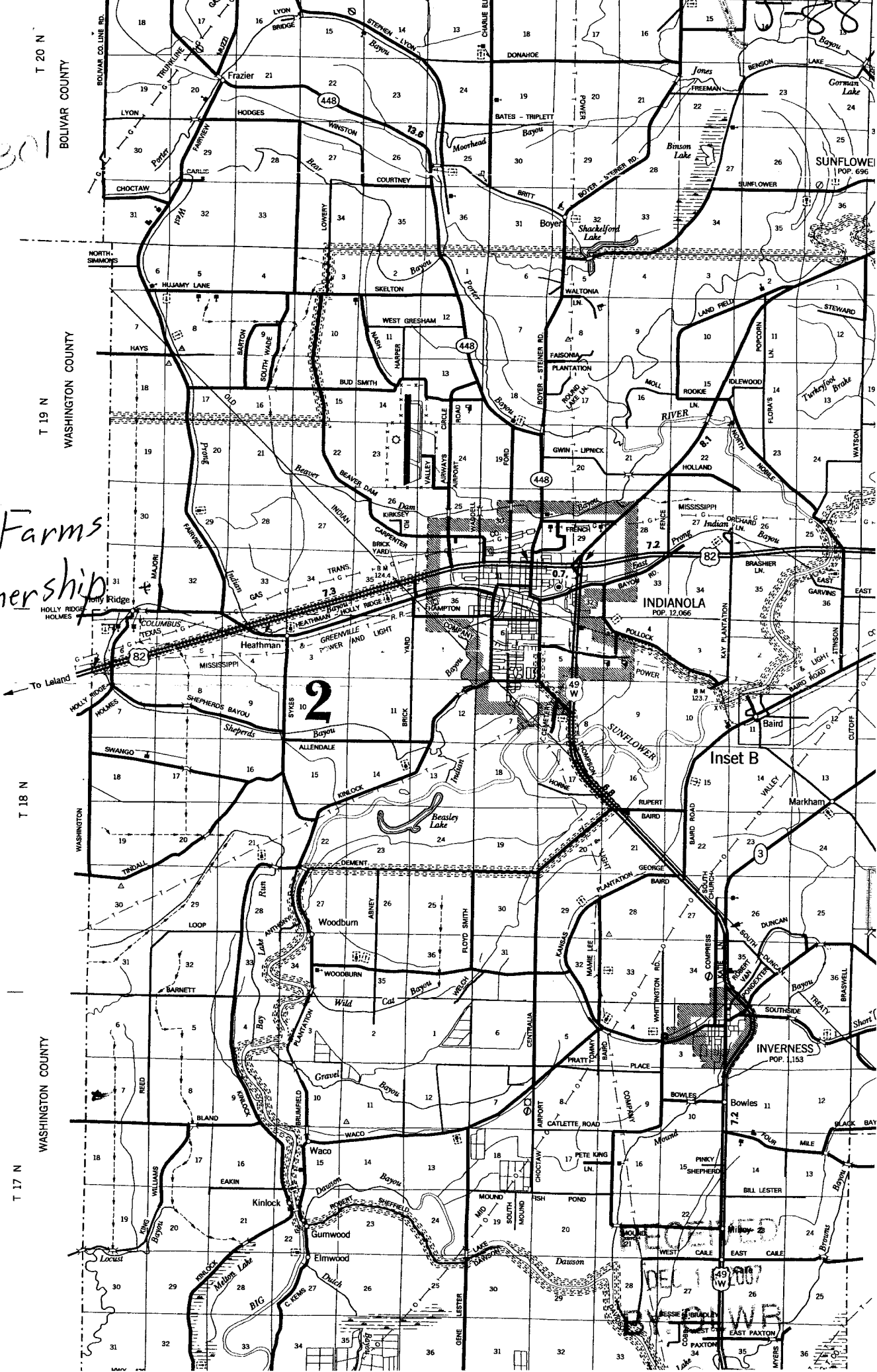
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Looney Farms Partnership



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