

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: Tallahatchie
 Permit #: 42820
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-8-08

For Office Use Only:
 Aquifer: _____
 Well #: 150
 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>Mattson Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 69</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Dublin Ms. 38739</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 6 Twn 25N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Tutwiler</u>

Well Data Old well 16" steel 26' NW

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

Date well drilling started: 8-8-08 Date well drilling completed: 8-8-08

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 8-8-08

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

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 48 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From See back feet to _____ 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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor [Signature]

Steve Lockett pump contracted with us to drill the well. He will set pump.

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1-100

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	42
Fine Sand + Gravel	43	56
Medium Sand + Gravel	57	82
Fine Sand + Gravel	83	103
Fine Sand	104	109
Medium Sand + Gravel	110	118
Screen		
(62-81) 20' .050		
(82-101) 20' .032		
(111-118) 8' .050		

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: Mattson Farms



 Signature of Water Well Contractor

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Mattson Farms

R 2 W

Map

R 1 W

QUITMAN COUNTY

0-100

- CR. 24
- RD. C2
- RD. C1
- RD. B4, C1
- BANCH RD. D8
- BEYER FOOT RD. D8
- BONNIE DR. B5
- BREWER RD. B5
- BRASSFIELD RD. B8
- BRYAN RD. C5
- BRYAN RD. B5
- BRYAN RD. C5, B5
- BUCKEY RD. A5, A6
- BURN LANE RD. D4
- FLAUNT RD. C4, D9
- FORBANK DR. C2
- FORTY MILE BEND RD. E3
- FOURTH ST. E4
- FRANK STURMANT RD. B3
- FRIENDSHIP EAST RD. A4, B6
- FRIENDSHIP WEST RD. C2
- FRONT ST. E4
- GARNETT RD. C1
- GATES RD. C2
- GEORGE ALLEN RD. B4
- GEORGE LITTLE RD. C1
- GEORGE RD. B5
- GEORGE RD. E4
- GOOSE POND CR. C3
- GOVERNMENT RD. B2
- GRASSY LAKE RD. C4
- GREEN LONDON RD. C3
- HAMPSON LAKE RD. C4, D3, D4
- HARD DR. D8
- HARDY BR. C4
- HARRISON RD. C4
- HARRIS RD. A8
- HAYWARD JONES RD. E4
- HENPHILL DR. C3
- HENSON LANE A5
- HENSON DR. D3
- NICKS BR. B9
- HORN RD. C3
- HORNPORT RD. D4, D6
- HILL RD. C2
- HITTLER RD. C2
- HOLLAND - TILLATONA RD. C8
- HOLLAND DR. D2
- HOLLY GROVE RD. B4
- HOPSON BAYOU RD. B2
- HORSESHOE BRAKE DR. D2
- HOUSE RD. INSET A
- HOURSTON RD. C3
- HOWARD RD. A8
- HUNTER CREEK RD. B6
- HYDE RD. B4
- ISLAND RD. D4
- JACKSON AVE. INSET A
- JACKSON GROVE DR. A5
- JACKSON RD. C2
- JAMES RD. A8
- JENNIS RD. B4, C2
- JENNIS DR. D4
- JERNBERG DR. C3
- JORDAN HILL RD. B4, C1, C2
- KING RD. A6
- LAKEBRO DR. C8
- LANE RD. D6
- LAND DR. C5
- LEVEE RD. A3, A4, B5
- LEWIS LANE RD. D4, D6
- LITTLE HUBBARD RD. C2
- LITTLE RD. B5
- LONG RD. B3, B4
- LOUNGE RD. C3
- LUCKETT RD. B2
- MABLES RD. D4, E4
- MACKEY DR. C3
- MARRIOTT DR. B6
- MARSHALL DR. D8
- MCCLUNG DR. C4
- MONKEY AVE. A5
- MORLEY RD. B4, B3
- MELTON RD. B4, B3
- MILAM LANE C5
- MITCHELL LAKE RD. C4
- MITCHELL RD. C5
- NITCHENS RD. B5
- MOONEY RD. E4
- NORNING STAR DR. C4
- NORRIS DR. D2
- NORROW RD. D2
- MOSEY RD. A5, A6
- MT. OLIVE RD. C6
- MT. PISGAM RD. A6
- MARBLE RD. D4, E4
- MULBINE RD. A5
- MURPHY DR. C4
- MURPHYBRO RD. C3
- NATCHEZ RD. C2
- NATIONS RD. C4
- NED RICE RD. B5
- NELSON RD. B6
- NEW HOPE RD. C3
- NEWMAN DR. A5
- NORTH CARBOY ST. C2
- NORTH CREEK RD. B6
- OAK GROVE RD. B5
- OAKLAND - END RD. A6
- ORRELL DR. D6
- OTTER LAKE DR. C4
- PADUCAH WELLS RD. B5
- PAINPAIN RD. C4
- PATTERSON LAKE ROAD
- PAUL - SHADY GROVE RD. C4
- PEARSON RD. C2
- PETERS HILL ROAD A5
- PHARRS RD. B2
- PICKLE RD. INSET A
- PINE HILL CHURCH RD. A8, B6
- PINE HILL RD. B6
- POWERS CREEK RD. D9
- PRESBRYNE RD. D6, D8
- PROVIDENCE RD. C8
- PUMPING STATION RD. C3
- RABBIT RIDGE RD. C4, D4
- RAILROAD RD. C4, D4
- RAINEY DR. A5
- REDD DRIVE B5
- RIVER ROAD D3, D4
- ROCKY BRANCH RD. B6
- ROSELBLOOM RD. C5, D6
- ROUNSAVILLE DR. B6
- ROWE DR. A6
- RUFFIN RD. A6
- SANDERS RD. A6
- SANDY BAYOU RD. D2
- SANDY CREEK DR. D2
- SCALLONS ROAD D6
- SECTION ST. E4
- SECTION ST. EXT. TUTW
- SECTION RD. A8
- SHARKEY RD. C4, C3, D3
- SHAW RD. B6

COAHOMA COUNTY

To Clarksville

T 25 N

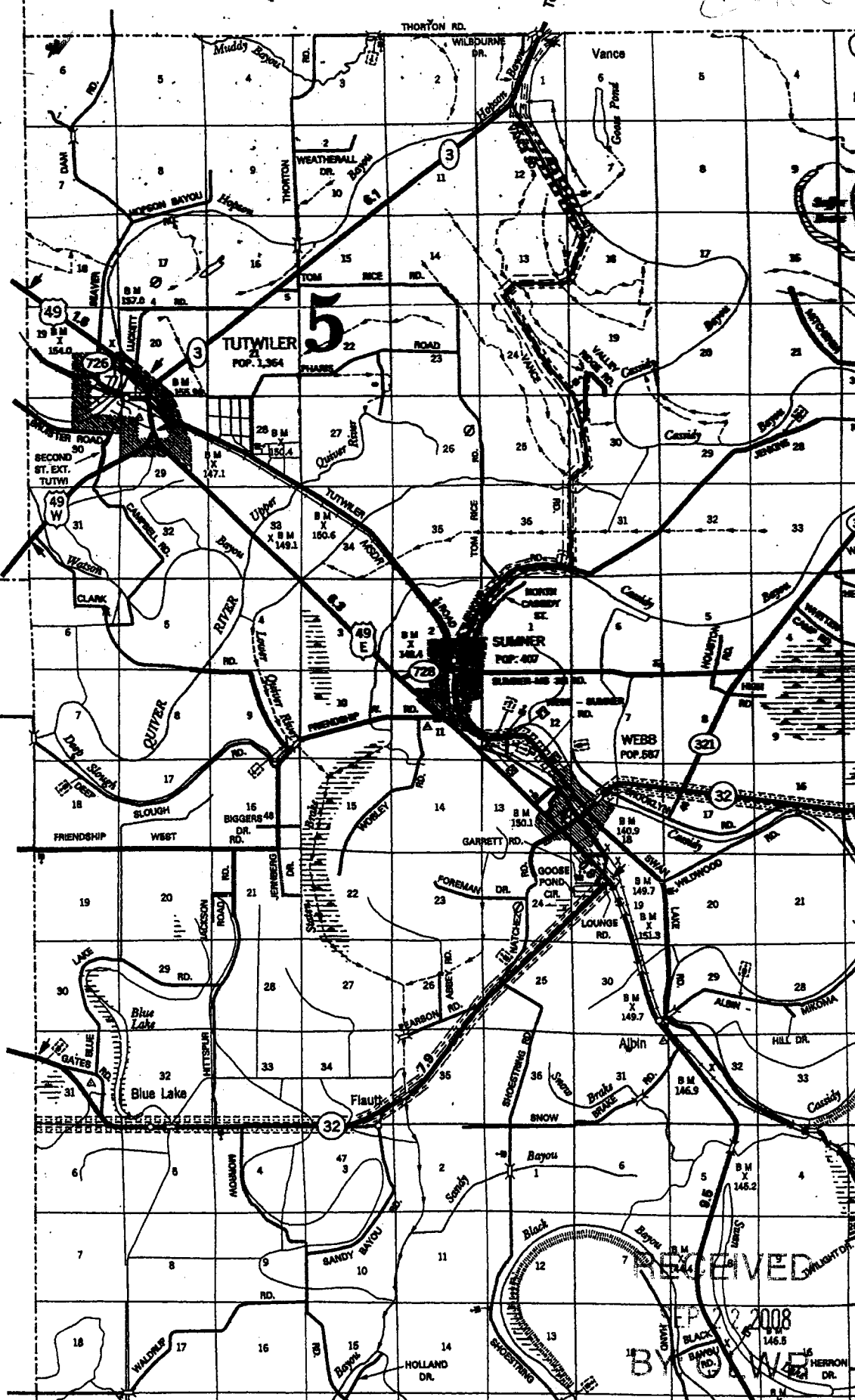
To Rome

To Rome

T 24 N

SUNFLOWER COUNTY

T 23 N



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HERRON DR.

STATE WELL REPORT

Part 2

County: Tallahatchie
 Permit #: 6W42820
 Driller: Irrigation Equip.
 Date completed: 9-11-08
Copy information from block on Part 1

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 #: C-100
 Elevation: _____

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 the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Mattson Farms</u>	Latitude: <u>34 04.373</u> Longitude: <u>90 26.897</u>
Mailing Address: <u>POB 69</u>	Method of Lat/Long (check one): <u>22</u> Conventional Survey <u>54</u>
<u>Dublin, MS 38739</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 6 T 25N R 2W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>N</u> of <u>Tutwiler</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>150</u>
Date Pump Installed: <u>9-11-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>43</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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.

Boyd C. Mitchell 0-722P Boyd C. Mitchell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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