

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 #: 128
L. S. Elevation:
E-log #:

County: Tallahatchie
Permit #: CW 42303
Irrigation Equipment
Driller:
Date drilling completed: 11-20-07

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: Top Cotton INC., C/o Fischer Farm Services, P.O. Box 926, Aberdeen, Ms. 39730, 662-369-9531
Well Location: Latitude: 33.48.57.5, Longitude: 90.16.57.1, Method of Lat/Long: Conventional Survey, USGS quad, Head-held GPS, Survey-grade GPS, NE 1/4 NW 1/4 Sec 34, Twp 23N, Rng 1W, Distance: 1 Miles, Direction: S, Nearest Town: Glendora

Well Data: Purpose of Well: Irrigation, Date well drilling started: 11-20-07, Date well drilling completed: 11-20-07, Static Water Level: 23 feet above or below land surface, Method of Measurement: steel tape, Hole depth: 117, Well depth: 117, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 77 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 78 feet to 117 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: feet, Logs run: No log run

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 law.
Irrigation Equipment Inc.
Patrick M. Chism 0695
Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor
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BY: OLWP

GW42303

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	27
Fine Sand + Gravel	28	44
Medium Sand + Gravel	45	113
Clay	114	117

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: Top Cotton

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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:

Acquirer: _____
 Well #: Φ 128
 Elevation: _____

County: Tallahatchie
 Permit #: 6W42303
 Irrigation Equipment
 Boiler: _____
 Date completed: 11-20-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

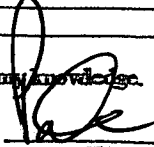
Well Owner Information	Well Location
Owner Name: <u>Top Cotton INC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Co Fischer Farm Services</u> <u>P.O. Box 926</u> <u>Aberdeen Ms. 39730</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec. 34 Twa 23N Rng 1 W</u>
Telephone No. <u>662-369-9531</u>	Distance Direction Nearest Town <u>1 Miles S of Glendora</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="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="radio"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>11-21-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 of Pump Installer

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 BY: OLWR