

County: Tunica
 Permit #: 41528
 Irrigation Equipment
 Driller:
 Date drilling completed: 2-7-07

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 #: K-40
 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: <u>34 34 13.7N</u> Longitude: <u>90 23 55.8W</u>
Mailing Address: <u>Box 69</u>	Method of Lat/Long (circle one): <u>IA</u> <u>56</u>
<u>Dublin MS 38739</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW SE</u> <u>1/4 1/4 Sec 7</u> Twn <u>6S</u> Rng <u>10W</u>
Telephone No. ()	Distance <u>7</u> Miles Direction <u>South</u> of Nearest Town <u>Tunica</u>

Well Data

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

Date well drilling started: 2-7-07 Date well drilling completed: 2-7-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: MAR - 7 2007

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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 78 feet to 117 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): _____

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MAR - 7 2007

YMD JOINT WATER
MANAGEMENT DISTRICT

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

Ref #
41528

County: Tunica
 Permit # OW 41528
 Irrigation Equipment
 Driller: _____
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Mailing Address: <u>Box 69</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dublin MS 38739</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW SE <u>7</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. () _____	Distance <u>7</u> Miles Direction <u>South</u> of Nearest Town <u>Tunica</u>

Well Data

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

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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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 BY: OLWR

K-

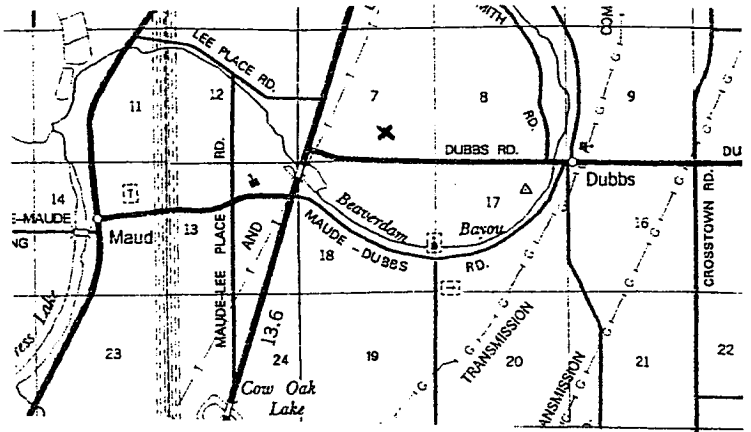
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From To	
Clay	0	27
Fine Sand	28	45
Fine Sand/gravel	46	55
Med. Sand/gravel	56	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: _____

Robert M. Ch...

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: Tunica
 Permit #: OW 41528
 Irrigation Equipment
 Driller: _____
 Date completed: 2-7-07

For Office Use Only:

Aquifer: _____
 Well #: K-40
 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>Mattson Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 69</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dublin MS 38739</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>7</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>South</u> of <u>Tunica</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: _____	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: _____	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.

Patrick M. Chism 0695 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR