County:	Tunica	<u> </u>
Permit #: Irri Driller:	4/52 gation	<u>7</u> Equipment
Date drill	ing completed:	2-8-07

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)

	For Office Use Only:
Aquif	er:
Well #	1: K-42
L. S. E	levation:
E-log #	#:

State Law requires that this report be prep

30 days of completion of drilling of the well. Well Owner Information	
	Well Location
Owner Name Mattson Farms	Latitude:
Mailing Address: Box 69	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Dublin MS 38739	NW 1/4 NE 1/4 Sec 18 Twn 6S Rng 10W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	7MilesSouthof Tunica
	/ell Data
Purpose of Well (circle one) Home Industrial Public Suppl	ly Irrigation Fish Culture Other:
Date well drilling started: 2-8-07	ate well drilling completed: 2-8-07
If flowing, method of flow regulation: Valve Other	er (describe)
Static Water Level:feet above or below (circle or	ne) land surface Date measured:
Method of Measurement (circle one) steel tape electric to	ape air line other MAK - 7 Ziji /
Hole depth: 117 Well depth: 117	Well grouted to a depth of 19MD JOHNT WATER
Type of grout (circle one): Cement Bentonite M	MANACEMENT DIOTES
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	78 117 feet to feet
Type of completion (circle all applicable): Gravel packed Unc	derreamed Telescoped Open hole Natural Development
	- Natural Development
Ton of la in .	telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): Vo log run Electric Gamma Ra	ay Density Sonic Neutron Other
Name of organization numing log(s).	
certify that the well was drilled, constructed, and completed in	accordance with all applicable requirements of 4 - 16:
Department of Environmental Quality and/or the Mississippi De	enartment of Health normalities and the Mississippi
	The difference of incard regulations and state laws.
Patrick M. Chism 0695	Patro Mch
rint Name of Water Well Contractor and License No.	Signature of Water Well Contractor
	- The conductor

	State Well Report	
Coursy:Tunica	Part 1	For Office Use On
Permit#: 6W41827 Trigation Equipment	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
trrigation Equipment	P.O. Box 10631	Well #: K - 4
Date drilling completed: 2-8-07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	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** 34 33 51, ON 90 23 56, 3W Latitude: ____ Longitude: ____ Owner Name Mattson Farms Mailing Address: Box 69 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS $4 \frac{\text{NE}}{\text{V}} \frac{\text{V}}{\text{Sec}} = 18 \frac{1}{\text{Two}} = 68 \frac{11}{\text{Rng}} = 11 \text{W}$ Dublin 38739 MS City State Zip Code Distance Direction Nearest Town _Miles __Southof Tunica Telephone No. (Well Data Purpose of Well (circle one) Home Public Supply Industrial Irrigation Fish Culture Other: Date well drilling started: 2-8-07 2-8-07 Date well drilling completed: __ 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: Hole depth: 117 117 Well depth: Well grouted to a depth of Type of grout (circle one): Cement Bentonite Mix Type of casing: PVC Sch. 40 Casing length: 77 16 feet Casing diameter. inches Screen length: 40 feet 16 PVC Sch.40 Screen diameter: inches Type of screen: Screen slot size: . 050 inches 78 Setting depth: From 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 ruh 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 lays. Irrigation Equipment Inc. Patrick M. Chism 0695 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED

MAR 1 2 2007

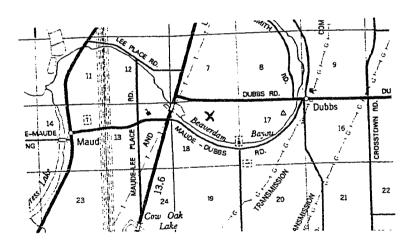
BY: OLWR

Ground Level

Description of Formations Encountered	From	То
Clay	1 0	22
Fine Sand	23	55
Fine Sand/gravel	1.56	65
Fine Sand/gravel Med. Sand/gravel	66	117
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		1
		4

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:

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Tunica

Equipment

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

Permit#: 6W 4152

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifa:		
Well# K- 42		
Elevation:		

Date completed:	2-0-07		(601)961-5210 (601)354-6938 (fax) 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 Infor	mation	Well Location
Owner Name:	Mattson 1	Farms	Latitude: Longitude:
Mailing Address	: Box 69		Method of Lat/Long (circle one): Conventional Survey,
			USGS quad, Hand-held GPS, Survey-grade GPS
	Dublin MS		NW 14 NE 14 Sec 18 Twn 6S Rng 11W
	City Stat	e Zip Code	
Telephone No. (Distance Direction Nearest Town 7
			Miles OI
Pamp Type Circle one		-	Power Type Circle one
Air Lift	Jet	Submersible	Desel Engine Gasoline Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):
Other (specify): _			Horse Power Rating of Motor: 60
Date Pump Install	led:		Setting Depth: 70 feet
Rated Pump Capa	city: 2300	Gallons Per Minu	te Number of Stages: 2
	Pump Test Dat	ia.	Method of Measuring Water Level
Date Well Tested:			Circle one
Static Water Level (A): Feet Below Land Surface			Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): Feet Below Land Surface Other (specify):			Other (cracific)
Drawdown [(B) - (A)]:Fect Below Land Surface			ce For flowing well, measured shut in head:feet
Total De la			Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours feet after			s <u>feet after</u> hours of pumping
I HEREBY CERT	TFY that the above state	ements are true to the	best of my knowledge

Signature of Pump Installer

MAR 1 2 2007

BY: OLWR