

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:

Aquifer: _____
Well #: G-318
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW 40031
Driller: CHICOT IRRIGATION
Date drilling completed: 2/19/05

Chicot Irrigation, Inc

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>DAW CHEMICAL</u> | Latitude: <u>33°16'40.7"</u> Longitude: <u>091°01'36.3"</u> |
| Mailing Address: <u>753 STATE HWY 438</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>GREENVILLE, MS. 38701</u> | <u>SW 1/4 NE 1/4 Sec 35</u> Twn <u>17N</u> Rng <u>8W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No: <u>662-379-8989</u> | <u>1.3</u> Miles <u>WEST</u> of <u>WAYSIDE</u> |

| Well Data | |
|---|--|
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____ | |
| Date well drilling started: <u>2/19/05</u> Date well drilling completed: <u>2/19/05</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>18</u> feet above or below (circle one) land surface Date measured: <u>2/19/05</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>83</u> Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>20</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>80</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

JAMES McDONALD #332

Print Name of Water Well Contractor and License No.

James McDonald

Signature of Water Well Contractor

RECEIVED

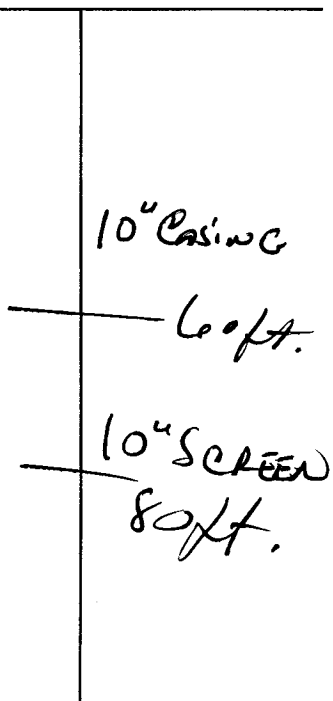
MAR 15 2005

BY: OLWR

If well telescopes please sketch below and show depths.

G-318

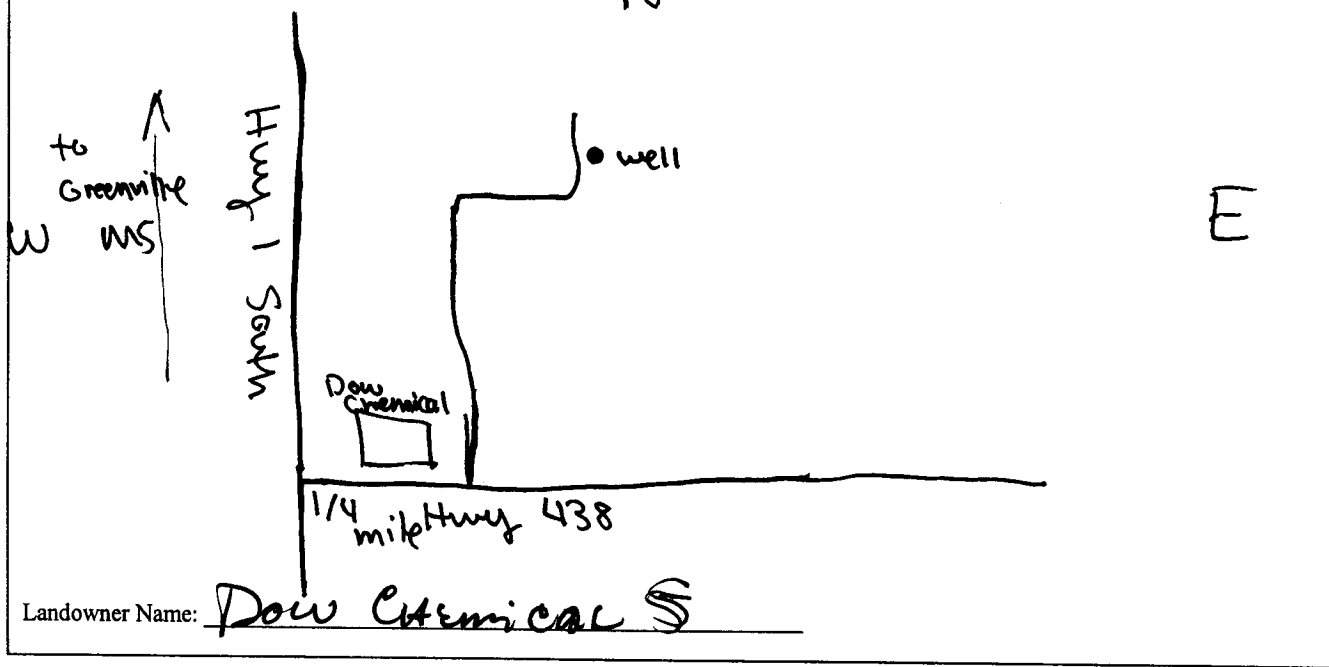
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Top Soil | 0 | 10 |
| Mix Clay | 10 | 50 |
| FINE SAND | 50 | 60 |
| Coarse Sand | 60 | 80 |
| Gray Clay | 80 | 83 |
| | | |
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| | | |

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: Dow Chemical S

James McDonald
 Signature of Water Well Contractor

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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:

Aquifer: _____
 Well # G 318
 Elevation: _____

County: WASHINGTON
 Permit #: _____
 Driller: CHICOT IRRIGATION
 Date completed: 2/20/05

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>DOW CHEMICAL</u> | Latitude: <u>33-16-407</u> Longitude: <u>091-01-363</u> |
| Mailing Address: <u>753 STATE HWY 438</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>GREENVILLE, MS 38701</u> City State Zip Code | <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>35</u> Twn <u>17N</u> Rng <u>8W</u> |
| Telephone No. <u>662-379-8989</u> | Distance Direction Nearest Town <u>1.3</u> Miles <u>WEST</u> of <u>WAYSIDE, MS.</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>15-460 Volts</u> |
| Date Pump Installed: <u>2/20/05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>800</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>NO TEST RUN</u> | Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/> |
| Static Water Level (A): <u>18</u> 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: <u>ESTIMATED 800</u> 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.

Glen Rowe #0-7107 Glen Rowe
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

GLEN ROWE

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