

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 #: M-181
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON¹⁵¹
Permit #: 6W 40777
Driller: Chicot Irrigation Inc.
Date drilling completed: 2/18/05

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>MAGRUPER FARMS</u> | Latitude: <u>33° 14' 24" N</u> Longitude: <u>090° 51' 27" W</u> |
| Mailing Address: <u>C/O BUSTER LEWIS</u> <u>PO Box 189</u> <u>ARCOLA Ms. 38722</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>7</u> Twn <u>16 N</u> Rng <u>6 W</u> |
| Telephone No. <u>662-355-5559</u> | Distance Direction Nearest Town <u>3</u> Miles <u>SOUTH</u> of <u>ARCOLA</u> |

Well Data

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

Date well drilling started: 2/18/05 Date well drilling completed: 2/18/05

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 2/18/05

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

Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 90 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.

JAMES McDONALD - #332

Print Name of Water Well Contractor and License No.

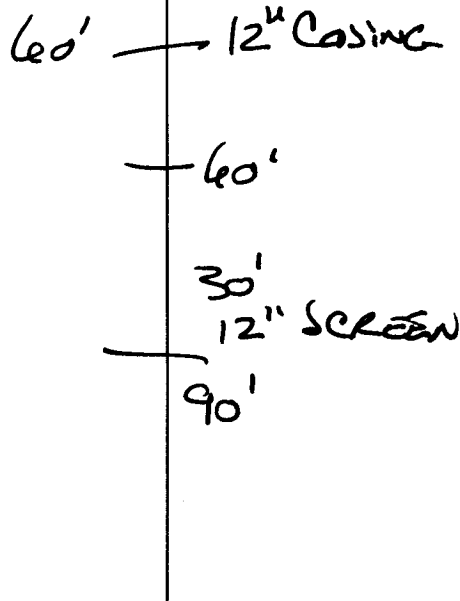
James McDonald
Signature of Water Well Contractor

RECEIVED
MAR 15 2005
BY: OLWR

If well telescopes please sketch below and show depths.

M-181

Ground Level GW 40777



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOP SOIL | 0 | 10 |
| MIX CLAY | 10 | 20 |
| MED. GRAY SAND | 20 | 60 |
| COARSE GRAY SAND | 60 | 93 |
| | | |
| | | |
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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: _____

James McDonald
 Signature of Water Well Contractor

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 MAR 15 2005
 BY: OLWR

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 #: M-181
Elevation: _____

County: _____
Permit #: OW 40777
Driller: _____
Date completed: _____

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>MAGRUDER FARMS</u> | Latitude: <u>33-14-67</u> ^N Longitude: <u>090-51-247</u> ^N |
| Mailing Address: <u>C/O BUSTER LEWIS</u> <u>Po Box 189</u> <u>ARCOLA, MS. 38722</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ____ ¼ ____ ¼ Sec <u>7</u> Twn <u>16N</u> Rng <u>6W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>3</u> Miles <u>SOUTH</u> of <u>ARCOLA</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): <u>2-STAGE 1025</u> | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>2/20/05</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>2-2005</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>22</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>42</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface | Well yielded <u>1200</u> GPM with a drawdown of |
| Test Pumping Rate: <u>1200</u> Gallons Per Minute | <u>20</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE # 7107
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED
MAR 15 2005
BY: OLWR

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FOR INFORMATION
ACROSS OFFICE

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: WASHINGTON
 Permit #: MS GW 40777
 Driller: Chicot Irrigation Inc.
 Date drilling completed: 2/18/05

For Office Use Only:
 Aquifer: _____
 Well #: M-181
 L.S. Elevation: _____
 E-log #: _____

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| | | | |
|--|--|---|--|
| Well Owner Information | | Well Location | |
| Owner Name: <u>MACRUEA FARMS</u> | | Latitude: <u>33.14</u> ⁶² <u>N</u> | Longitude: <u>091.51.27</u> ^W |
| Mailing Address: <u>40 BUSTER LEWIS</u> <u>PO Box 189</u> <u>ARCOLA MS 38722</u> | | Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS | |
| Telephone No: <u>662-355-5559</u> | | NW 1/4 NE 1/4 Sec 7 Twn 16N Rng 6W | |
| | | Distance: <u>3</u> Miles | Direction: <u>South</u> of Nearest Town: <u>ARCOLA</u> |

Well Data

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

Date well drilling started: 2/18/05 Date well drilling completed: 2/18/05

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

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JAMES McDONALD - #332 James McDonald
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor