

State Well Report

Part 1 - Driller's Log

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 #: C-33
L. S. Elevation: _____
E-log #: _____

County: DEWITT
Permit #: _____
Driller: Wilson Well - Tom Cay
Date drilling completed: 12-7-07

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>WINSTON FARMS LLC</u>	Latitude: <u>34° 58' 58"</u> Longitude: <u>89° 04' 43"</u>
Mailing Address: <u>P.O. Box 772899</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Memphis</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tennessee</u> State <u>38177</u> Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>15</u> Rng <u>2E</u>
Telephone No. <u>(901) 461-8285</u>	Distance _____ Miles _____ Direction _____ Nearest Town _____ of _____

Well / Borehole Data

Date drilling started: 12-7-07 Date drilling completed: 12-7-07 Hole depth: 120 Hole diameter: 4

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM DIRECT

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 12-7-07

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC Perforated Pipe

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Perforated Pipe


Screen slot size: 0.10 inches Setting depth: From 100 feet to 120 feet

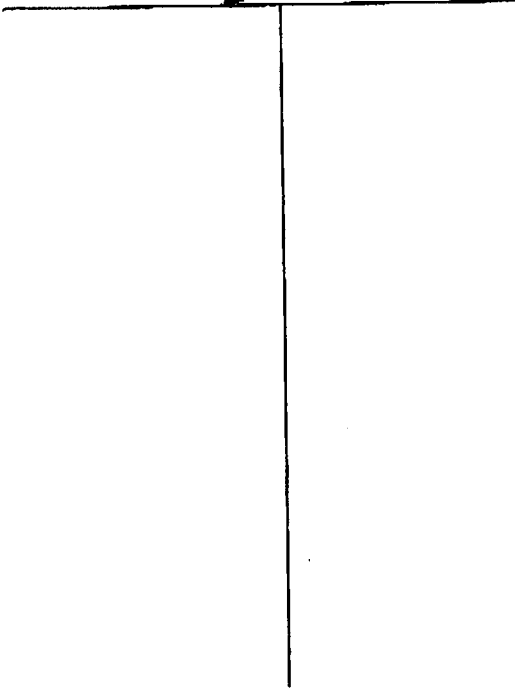
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: NA feet **If telescoped or more than one screen, describe on next page**

The sketch below only required for water wells

If well telescopes, show depths on sketch
 Ground Level 

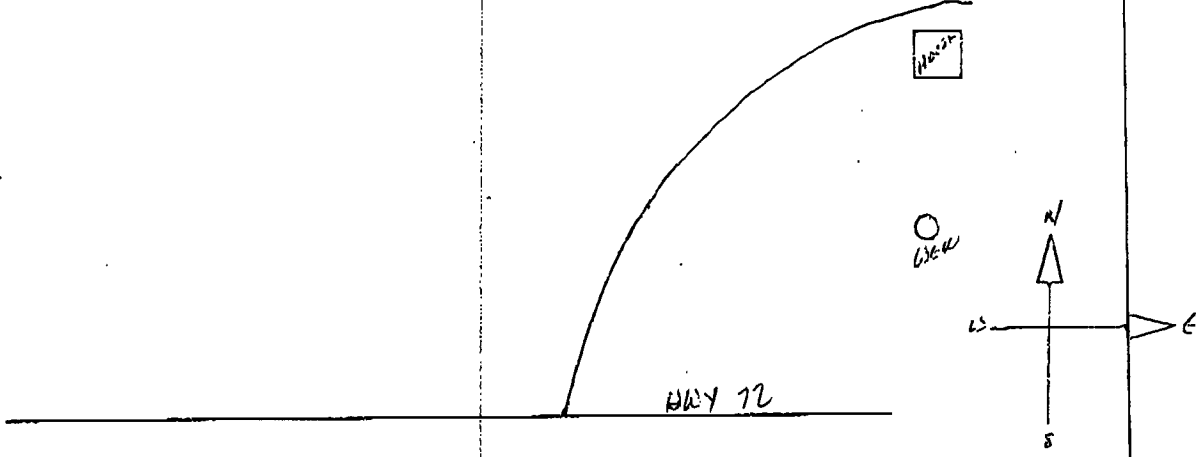


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red CLAY	Ground Level	15
Red SAND / CLAY	15	30
SAND	30	45
SAND	45	60
SAND	60	75
SAND	75	90
SAND	90	105
SAND / CLAY	105	120

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) a north arrow.

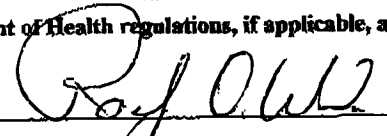


Landowner Name: Winston Farms LLC

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rodney D. Wilcox 0-418 12-8-07
 Print Name of Responsible Licensee and License No. Date


 Signature of Licensee

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: BENTON
 Permit #: _____
 Driller: WILSON WELL - JOHN CAR
 Date completed: 12-7-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-33
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>WINSTON FARMS LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 772899</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MEMPHIS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>TENNESSEE</u> State <u>38177</u> Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>22</u> T <u>15</u> R <u>2E</u>
Telephone No. <u>(901) 461-8285</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>12-8-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-8-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>PVC Plastic Pipe</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>80</u> 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.

Robbie D. Wilson 0-418 Robbie D. Wilson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer