

County: Bolivar
 Permit #: GW-46125-1
 Driller: Clarence McMurry
 Date drilling completed: 5-3-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (801)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A149
 L. S. Elevation: _____
 E-log #: _____

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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>William B. Clark</u> Mailing Address: <u>5701 Wheelis</u> <u>Suite 209</u> <u>Memphis TN 38117</u> City State Zip Code Telephone No. <u>(662) 902-1818</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N34</u> = <u>00</u> - <u>0.32</u> Longitude: <u>86</u> - <u>06</u> - <u>25</u> Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 33 Twp 25N Rng 02W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ # <u>1556</u> Well # <u>1</u></p>
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Well / Borehole Data

Date drilling started: 5-3-12 Date drilling completed: 5-3-12 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: ground water from lake
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: 20 feet above or below (circle one) land surface Date measured: 5-11-12

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

Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 66 feet to 126 feet

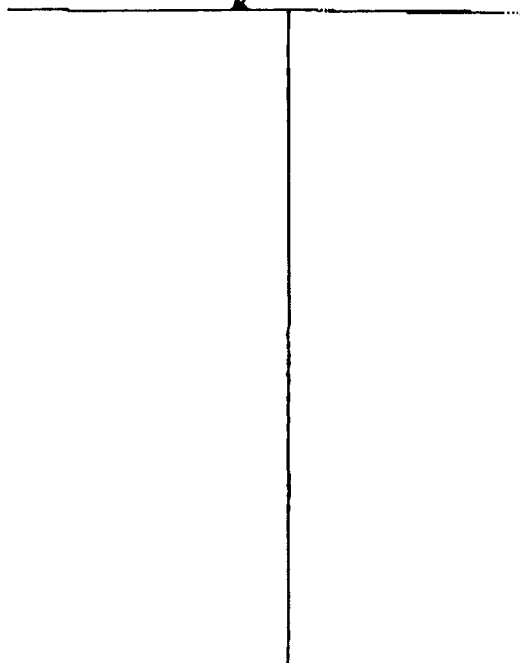
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe) _____

Top of lap pipe or reduction in casing: N/A 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.

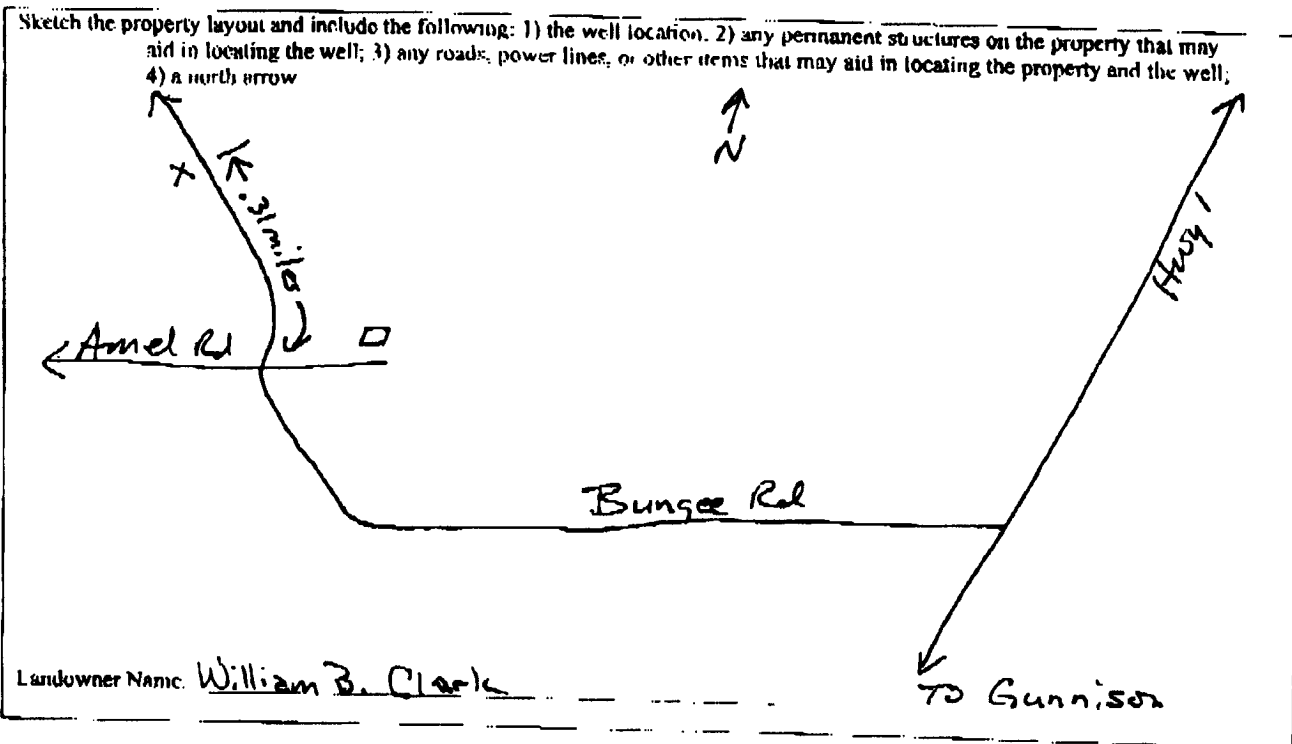
Ground Level →



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)
Top Soil Sand & Clay	Ground Level	14
Clay	14	31
Fine Sand	31	38
Fine Sand & Clay	38	59
Medium Sand & gravel	59	78
Coarse Sand & gravel	78	89
Coarse Sand & gravel	89	124
Medium Sand & gravel w/ some stone	124	126

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



Form: OLWR-SWR-1A (04/08)

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.

Clayton Miller 0-703-5-14-12 Clayton Miller
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: T3012A
 Permit #: GW-46125
 Driller: Michael Wells
 Date completed: 5-11-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A149
 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>William B. Clark</u>	Latitude: <u>34° 00' 00.32"</u> Longitude: <u>N 90° 56' 06.25"</u>
Mailing Address: <u>5101 Wheelis</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 209</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Memphis TN 38117</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> T <u>25N</u> R <u>02W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 902-1818</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-11-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Charles Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/01)

STATE OF MISSISSIPPI
Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

Well #1
A149

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Law, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempt to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimums, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-46125

Landowner Name: CLARK, WILLIAM B

Landowner Address: 5101 WHEELIS DRIVE SUITE 209
MEMPHIS TN 38117

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the SW 1/4 **Section:** 33 **Township:** 25N **Range:** 07W

County: BOLIVAR

Quad: LACONIA

Maximum Volume: 240 Acre-Foot/Year *equivalent to* .2142 Million Gallons/Day

Maximum Rate: 2400 Gallons/Minute

Applicant Name: PERSHIRE FARMS

Applicant Address: 154 PERSHIRE ROAD
GUNNISON MS 38746

Date Permit Issued: 04/30/2012

Date Permit Expires: 04/23/2017

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT

SPECIAL TERMS AND CONDITIONS 2:

James L. Crawford
James L. Crawford
Office Director