County:	Belivar		
Permit #	: MS-GW-47070/		
Driller:	Tenny Peaceck		
Date drilling completed: $\frac{5/3\sqrt{/3}}{}$			

Well Owner Information (Landowner if borehole is not for a water well)

STATE WELL REPORT

Part 1 Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

(601)360-0535 (fax)

For Office Use Only:				
Well #: <u>0190</u>				
Aquifer:				
E-Log #:				

Well or Borehole Location

Latitude: 33-55-11 Longitude: 60-53-28

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.

Owner Name: Mexic Fairms LLC Mailing Address: 3226 Larkeside Village Dire Prescutt AZ 86301 City State Zip Code Telephone No. ()	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS_X, Survey-grade GPS
Well / B	orehole Data
11 - 12 - 1	$\frac{5/3e/l3}{4}$ Hole depth: 170 Hole diameter: 76
location of the source of any surface water used for drilling	ng: ditch mile from well location
Method of dosing and volume of Chlorine used in drilling a	
	·
	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechni	ical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
If drilling is not related to water well c	onstruction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level:feet [above or below (circle one)	v] land surface Date measured:
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
j	feet Type of grout (circle one): Neat Cement Rentonite Mix
Casing length:feet Casing diameter:	inches Type of casing:
Screen length: 40 feet Screen diameter: _	inches Type of screen:
Screen slot size: <u>150</u> inches Setting depth	r: From SC feet to 170 feet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet	
If telescoped or more than	one screen, describe on next page Form: OI WR-SWR-1A (4/13)

County: _	Bolivon
Permit #:	MS-C-W-47070

For Office Use Only:				
Well	#: <u>C190</u>			

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	
15	cky
25 10	sond I clay
²⁵ 10'	Clay
35	med samul
105 40	dears source
ics 120 15	couse sand

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)
Clay	Ground level	15
sand + clay	15	25
Clay	25	პ5
mes score	35	65
	65	105
Coorse send + gravel	105	120

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

Sketch the	aranarti.	Involut	224	include	the	following:
sketch the	DIODEILA	layout	ano	HICIAGE	CITE	rottoming.

- 1) the well location
- any permanent structures on the property that may aid in locating the well
 any roads, power lines, or other items that may aid in locating the property and the well
 north arrow

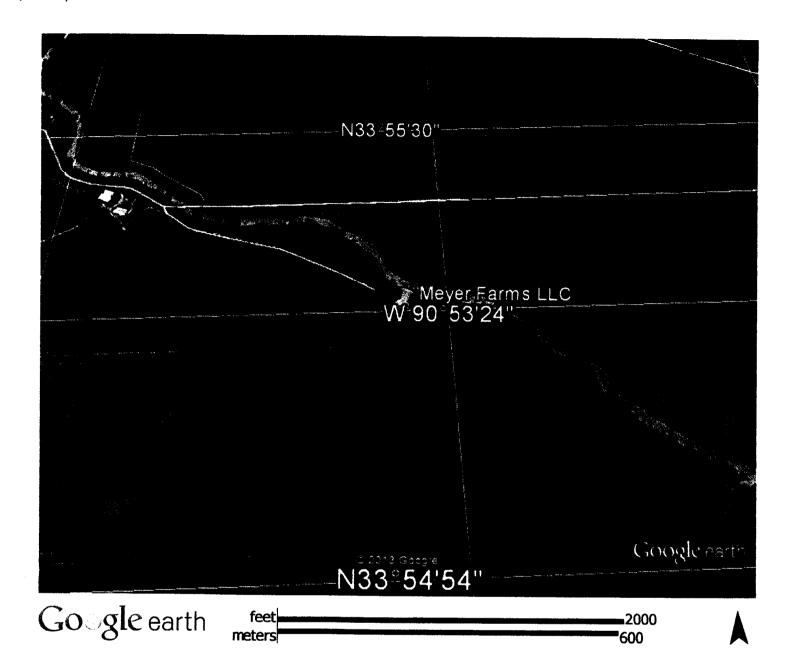
RECEIVED

JUL 0 1 2013

BY: OLWR

Landowner N	lame:								
I HEREBY CEI	RTIFY that the of the solution of the Missi	e well/boreh ssippi Depart	ole was drilled, ment of Enviror	constructe	ed, and ality a	d completed i and the Mississ	n accordance v sippi Departme	with all applicated of Health reg	ole gulations,
if applicable	, and state la	aws.					,	/1	
	0	11 0	James	. 2		~	7	Peaco	

Signature of Licensee Form: OLWR-SWR-1A (4/13)



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RY Comme

STATE WELL REPORT

County: BOLIVAR Permit #: ____Gw. 47070 / Driller: Tommy PEACOCK 5-30-13 Date completed: ___

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309

For Office Use Only:				
Well #:				
Aquifer:				

Copy information from block on Part 1	601)961-5210) 360-0535 (fax)				
This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: MEYER FARINS LEC	Latitude: 33°55' 11" Longitude: 90°53' 26"				
Mailing Address: 3220 LAKESINE Village A	Method of Lat/Long (check one): Conventional Survey,				
<u></u>	USGS quad, Hand-held GPS, Survey-grade GPS				
PRISCOTT AZ 86301 City State Zip Code	NEN 11/4 NE 14, Sec 23 T 24N R 07W				
Telephone No. (928) 445 - 0911	7 Miles Sw of SHEBY (Direction) (Nearest Town)				
	pe (circle one)				
	Jet Piston Rotary Other (describe):				
Date Pump Installed: 7-12-13	Rated Pump Capacity:				
Is This Pump (circle one): New Repaired Replacemer	it EXESTENS from?				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wine	dmill Other (describe):				
Horse Power Rating of Motor: 25 Setting Depth: 60 feet Number of Stages:					
Pump Test Data	for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta					
·	a for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
, Meter I	nstallation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF \boldsymbol{x} .001, gal	x 1000, etc):				
Installation Date: Meter installed by: _	•				
Is This Meter (circle one): New Repaired Replaceme	nt RE				
Important: By submitting the above information you are ce For agricultural wells, a list of any	rtifying that this meter was installed to manufacturer standards.				

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

Print Name of Pump Installer and License No. (if applicable)

7.26.13 Date

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

23 70