

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: F 273
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW-44184
Driller: J. NEWCOME 0-773
Date drilling completed: 5.9.2013

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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>MYERS FARMS LLC</u></p> <p>Mailing Address: <u>2921 SOUTH KISH AVENUE</u> <u>SUITE B</u> <u>YUMA</u> <u>AZ</u> <u>85365</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 51' 38"</u> Longitude: <u>90° 55' 44"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>NW 1/4 NE 1/4</u> Sec <u>09</u> Twn <u>23N</u> Rng <u>07W</u></p> <p>Distance Direction Nearest Town <u>6</u> Miles <u>NE</u> of <u>ROSEDALE</u></p>
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Well / Borehole Data

Date drilling started: 5.9.13 Date drilling completed: 5.9.13 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: POND

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet

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

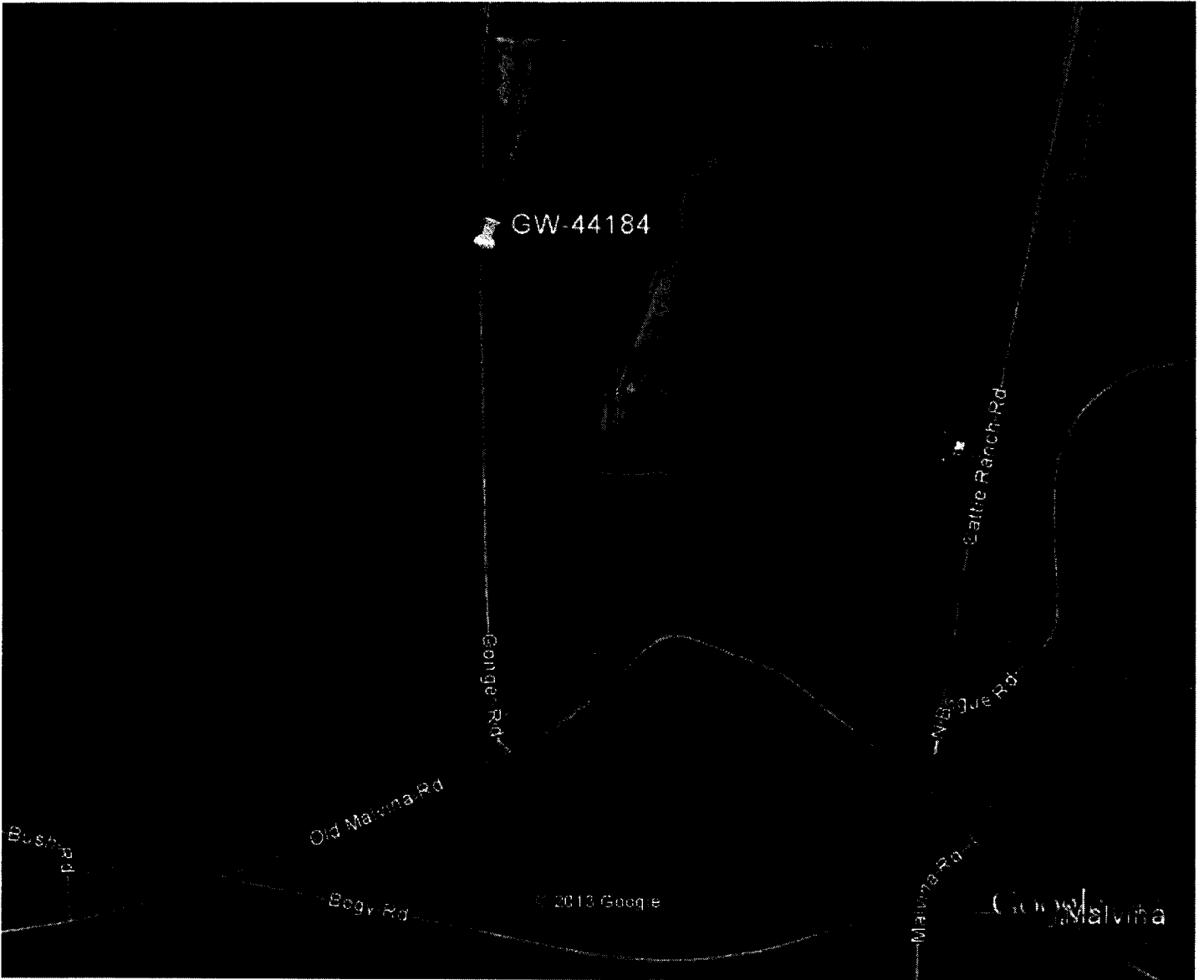
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (10/08)

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Bolivar
 Permit #: GW-44184
 Driller: J. Newcom 0773
 Date completed: 5/9/13
Copy information from block on Part 1

For Office Use Only:

Well #: F273
 Aquifer: _____

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>MYERS Farms LLC</u>	Latitude: <u>33.51.38</u> Longitude: <u>90.55.44</u>
Mailing Address: <u>2921 South Kish AU</u>	Method of Survey (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Suite B</u>	USGS quad <u>NW</u> 1/4 <u>NE</u> 1/4, Sec <u>09</u> T <u>23N</u> R <u>07W</u>
<u>Yuma</u> City <u>AZ</u> State <u>85365</u> Zip Code	<u>6</u> Miles <u>NE</u> of <u>Rosedale</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5/14/13 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60HP Settings: 70 feet Number of Stages: 1

Pump Test Data for Flowing Well

Date Well Tested: Not tested (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 Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: Not tested feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: No Meter Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x 1000): _____ (tc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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Important: By submitting the above information, you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Hubbard Stephens 741-P 5/28/13 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer