

County: Bolivar
 Permit #: GW-44253
 Driller: Clarence McMurry
 Date drilling completed: 2-18-11

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)061-5228 (fax)

For Office Use Only:
 Aquifer: G 252
 Well #: _____
 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.

Information on Well Owner (Lundowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>A. L. Farms</u>	Latitude: <u>N 33° 42' 22.37"</u> Longitude: <u>W 90° 51' 21.11"</u>
Mailing Address: <u>P.O. Box 307</u>	Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>31</u>
<u>Pace</u> MS <u>38764</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 4 Sec 30 Twn 23N Rnr 6W</u>
Telephone No. <u>(662) 719-2844</u>	Distance Direction Nearest Town <u>1.03</u> Miles <u>N</u> of <u>Pace</u>

Well / Borehole Data

Date drilling started: 2-11-11 Date drilling completed: 2-18-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Nearby well
 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) N/A

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 2-19-11

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

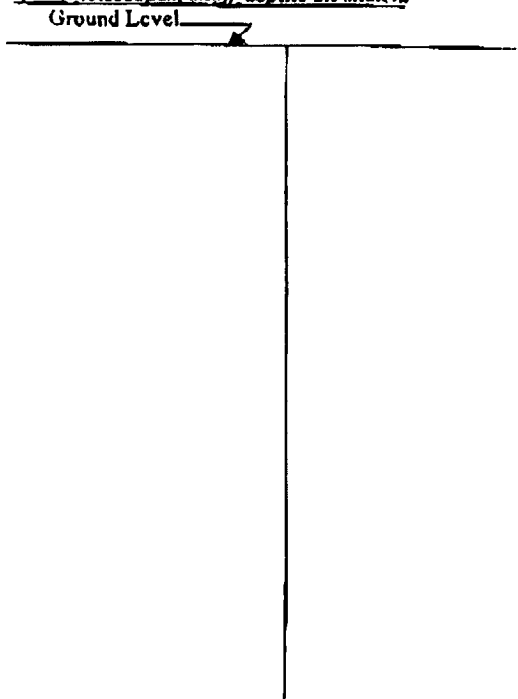
Screen slot size: .50 inches Setting depth: From 75 feet to 125 feet

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.

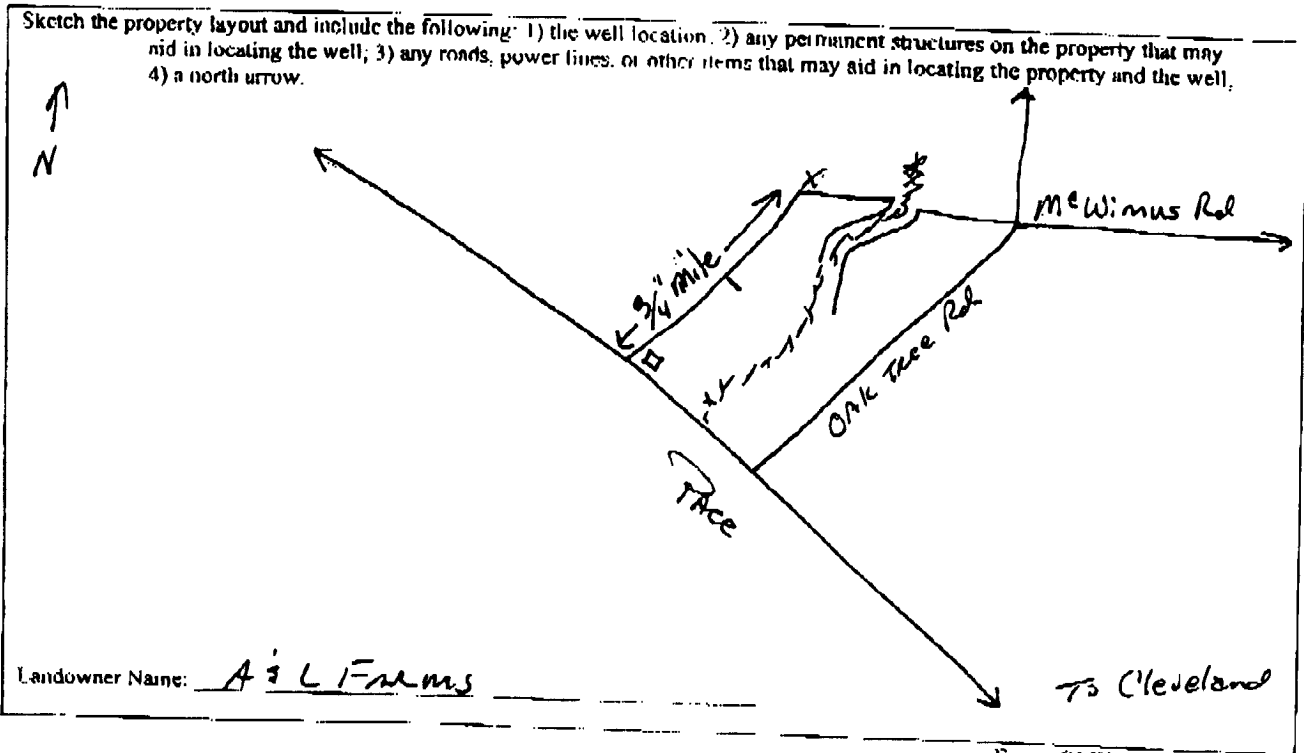
If well telescopes, show depths on sketch.



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	13
Fine Sand & Clay	13	22
Medium Sand & peb gravel	22	61
Fine Sand	61	65
Medium Sand & peb gravel	65	69
Medium/Coarse Sand & peb/gravel	69	86
Coarse Sand & peb gravel	86	122
Medium Sand & gravel	122	125

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 2-24-11 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: Bolivar
 Permit #: GW-44253
 Driller: John Rybolt IV
 Date completed: 2-19-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G252
 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
 Owner Name: A & L Farms
 Mailing Address: P.O. Box 307
Pace MS 38764
 City State Zip Code
 Telephone No. (662) 719-2844

Well Location
 Latitude: N33° 41' 23.7" Longitude: W90° 51' 21.15"
 Method of Lat/Long (check one): 23 Conventional Survey 21
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
SW 1/4 SE 1/4 Sec 30 T23N R 6W
 Distance Direction Nearest Town
1.03 Miles N of Pace

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 2-19-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Bear Drive
 Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: NOT TESTED
 Static Water Level (A): 43 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown ((B) - (A)): N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge
Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Clayton Miller
 Signature of Pump Installer