

County: Bolivar
 Permit #: GW-45181 ✓
 Driller: Clarence McMurry
 Date drilling completed: 4-11-11

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)961-5228 (fax)

For Office Use Only:
 Aquifer: 6256
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Wheeler Farms</u> Mailing Address: <u>632 Oswalt Rd.</u> <u>Merigold MS 39759</u> City State Zip Code Telephone No.: <u>(662) 721-0412</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 47' 55.3"</u> Longitude: <u>90° 49' 14.26"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4</u> 1/4 Sec <u>33</u> Twn <u>23N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>2.12</u> Miles <u>NE</u> of <u>PALE</u></p>
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Well / Borehole Data

Date drilling started: 4-11-11 Date drilling completed: 4-11-11 Hole depth: 135' Hole diameter: 20"

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: 39 feet above or below (circle one) land surface Date measured: 4-19-11

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 90 feet to 130 feet

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

Top of lup pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Replacement Well

0256

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)
Clay	Ground Level	17
Fine Sand	17	23
Medium Sand	23	44
Medium/coarse Sand & pea gravel	44	46
Fine Sand	46	51
Medium/coarse Sand & pea gravel	51	76
Coarse Sand & pea gravel	76	83
Fine Sand	83	87
Medium/coarse Sand and pea gravel	87	135

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

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: Nott Wheeler Jr.

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

Print Name of Responsible Licensee and License No.

Date

Clayton Miller

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)961-7210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-45181
 Driller: John Rybolt IV
 Date completed: 4-19-11
Conv. Information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G256
 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>Wheeler Farms</u>	Latitude: <u>N33° 47' 55.3"</u> Longitude: <u>W90° 49' 14.26"</u>
Mailing Address: <u>632 Oswalt Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Merigold MS 38759</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> T <u>23N</u> R <u>6W</u>
Telephone No. (<u>662</u>) <u>721-0412</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2.12</u> Miles <u>NE</u> of <u>PACE</u>

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-19-11

Rated Pump Capacity _____ Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 40

Setting Depth: 80 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED

Static Water Level (A): 39 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): N/A 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