

County: Bolivar
 Permit #: GW-46496 ✓
 Driller: Clarence Mc Murry
 Date drilling completed: 1-29-13

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 38225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G275
 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>F. D. Powell Bros JV</u> Mailing Address: <u>P.O. Box 1596</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 515-8340</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 47' 48.75"</u> Longitude: <u>90° 47' 12.49"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 35 Twn 23 N Rng 06 W</u> Distance _____ Direction _____ Nearest Town _____ <u>Miles of</u> <u>#1709 well #1</u></p>
---	---

Well / Borehole Data

Date drilling started: 1-29-13 Date drilling completed: 1-29-13 Hole depth: 131' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 400' away
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No logs 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: 45' feet above or below (circle one) land surface Date measured: 3-6-13

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

Well depth: 131' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 81' feet Casing diameter: 16" inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 81' feet to 131' 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.*

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

RECEIVED

MAR 08 2013

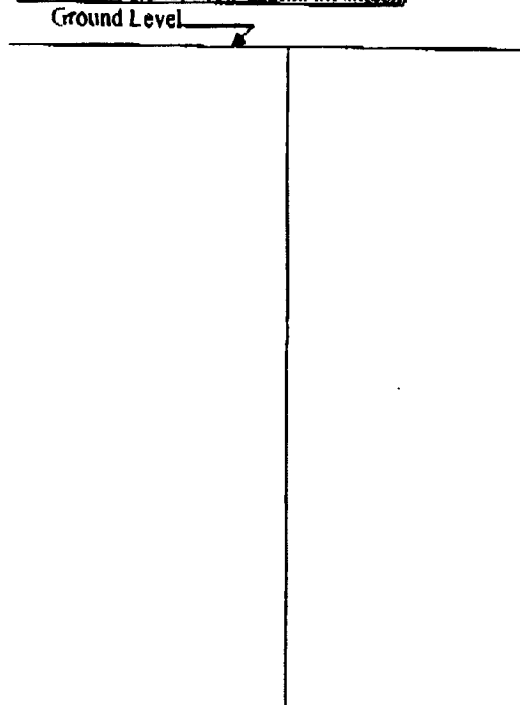
BY: OLWR

G275

The sketch below only required for water wells

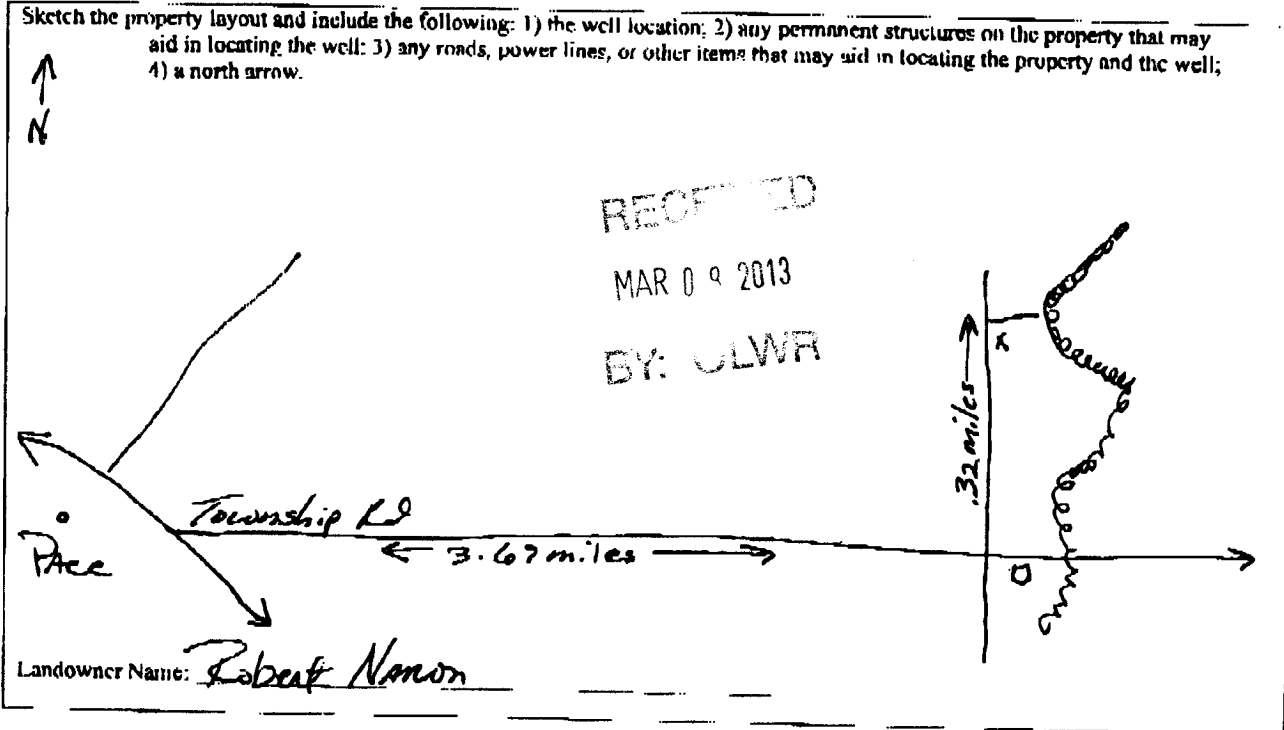
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	19
Medium Sand & pea gravel	19	37
Fine Sand	37	42
Medium / Course Sand & pea gravel	42	73
Fine Sand	73	77
Medium / Course Sand & pea gravel	77	80
Coarse Sand & pea gravel	80	95
Medium Sand	95	100
Coarse Sand & pea gravel	100	107
Medium Sand	107	109
Medium / Course Sand & gravel	109	112
Coarse Sand & gravel	112	130
Clay	130	131

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 3-7-12 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: Bolivar
 Permit #: GW-46496
 Driller: John Rybolt IV
 Date completed: 3-6-13
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G275
 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>Fidanielli Bros. JV</u>	Latitude: <u>33° 47' 07.75"</u> Longitude: <u>90° 47' 17.49"</u>
Mailing Address: <u>P.O. Box 1596</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland</u> MS <u>38232</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> T <u>23N</u> R <u>06W</u>
Telephone No. <u>(662) 515-8340</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input 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>40</u>
Date Pump Installed: <u>3-6-13</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
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>45</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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

RECEIVED

Form: OLWR-SWR-1C (07-09)

MAR 08 2013

BY: OLWR