

State Well Report

Part I - 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)

County: Bolivar
 Permit #: GW-46532
 Driller: Clarence McMurry
 Date drilling completed: 7-31-12

For Office Use Only:
 Aquifer: _____
 Well #: M259
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Full Harvest Agricultural</u>	Latitude: <u>N33° 42' 59.30"</u> Longitude: <u>W90° 40' 49.62"</u>
Mailing Address: <u>145 Delta Avenue</u>	Method of Lat/Long (circle one). Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS
<u>Clarksdale</u> MS <u>39614</u>	NW 1/4 NE 1/4 Sec <u>35</u> Twn <u>22N</u> Rng <u>05W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 689-0229</u>	Miles of _____ # <u>1670</u>

Well / Borehole Data

Date drilling started: 7-31-12 Date drilling completed: 7-31-12 Hole depth: 126' 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: 48 feet above or ~~below~~ (circle one) land surface Date measured: 8-2-12

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

Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one): ~~Best Cement~~ Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .250 inches Setting depth: From 76 feet to 126 feet

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

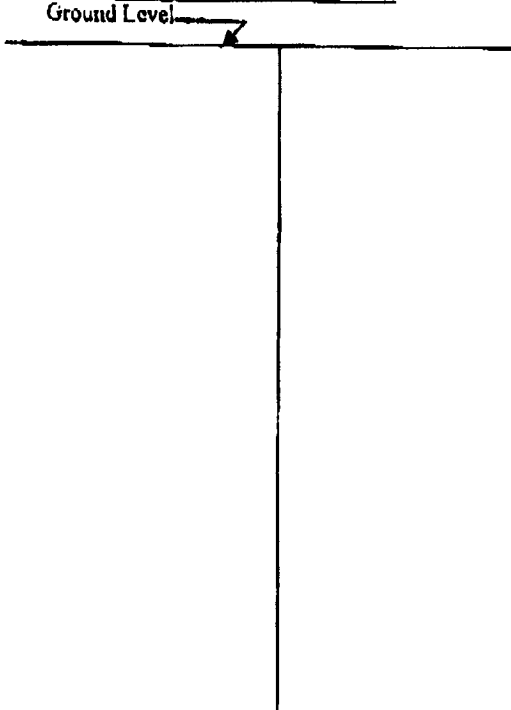
Other (describe): _____

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

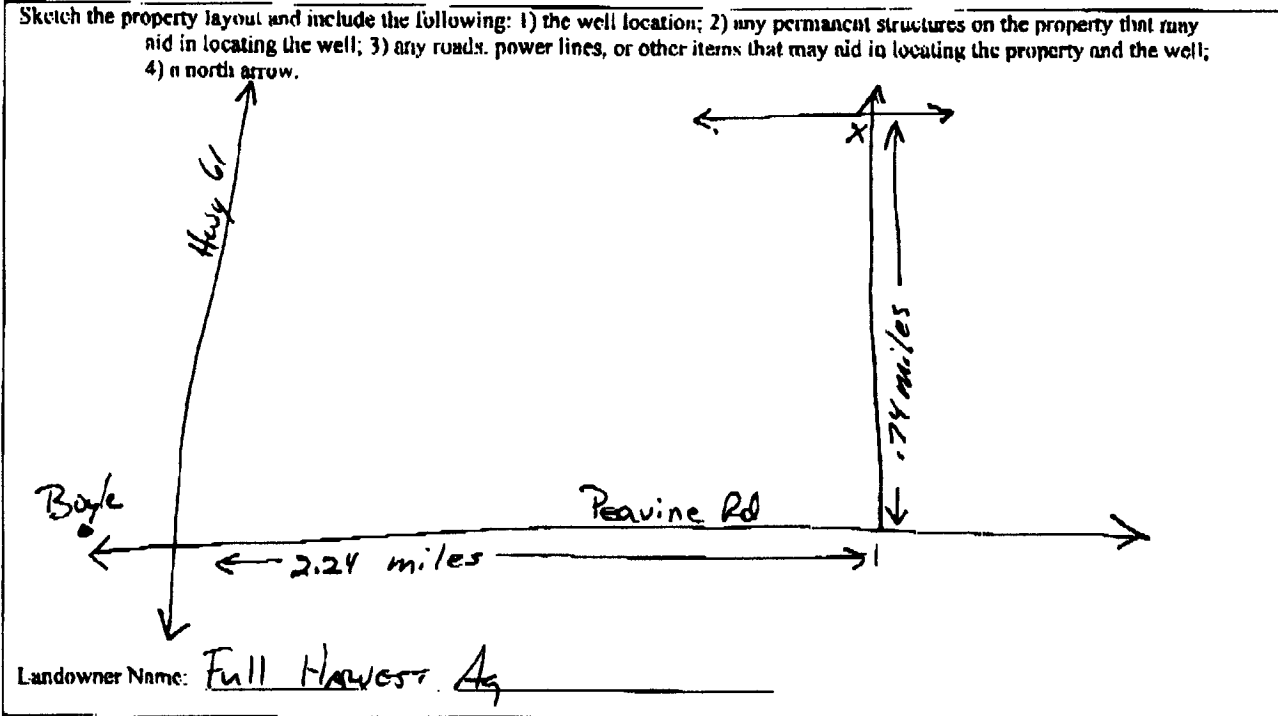
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Hard clay	Ground Level	21
Fine Sand	21	27
Medium Sand	27	49
Medium/Coarse Sand & pea gravel	49	61
Medium Sand	61	73
Medium/Coarse Sand & pea gravel	73	87
Coarse Sand & gravel	87	106
Medium/Coarse Sand & pea gravel	106	120
Coarse Sand & gravel	120	126

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 0703 2-3-12 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)

For Office Use Only:

Aquifer: _____
 Well #: M 259
 Elevation: _____

County: Bolivar
 Permit #: GW-46532
 Driller: Shirley Rybolt IV
 Date completed: 8-2-12

Copy information from block on Part 1

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>Full Harvest Agriculture</u>	Latitude: <u>N33°12'54.30"</u> Longitude: <u>W90°40'48.67"</u>
Mailing Address: <u>145 Delta Avenue</u>	Method of Location (check one): Conventional Survey _____
<u>Clarksdale MS 38614</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 35 T22N R5W</u>
Telephone No. <u>(662) 689-0229</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input 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) <u>Gen Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-2-12</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
Circle one	Circle one
Date Well Tested: <u>007 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>48</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 _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer