GATLON ENTAN #3 #2

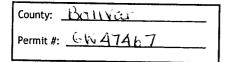
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STAT	E WELL REPORT			
County: BOLIVAR	Part 1	For Office Use Only:		
1	Driller's Log	Well #: 1125		
	artment of Environmental Quality	Aquifer:		
51 2.2013	P.O. Box 2309	E-Log #:		
Jac dritting completed: Jac	kson, MS 39225-2309 (601)961-5210			
· · · · · ·	601)360-0535 (fax)			
State Law requires that this report be prepared by t Department at the above address within 30 days of	he license holder responsible for t completion of drilling of the well (he work and filed with the or borehole.		
Well Owner Information	Well or Bore	hole Location		
(Landowner if borehole is not for a water well) $0 = 11 + 0$	Latitude: 33°28 28 Lor	ngitude: <u>01'03'33"</u>		
Owner Name: Delta Pineland Manaceine,	Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: P.O. Bax 5669	- USGS quad, Hand-held G	PS, Survey-grade GPS		
(er he	09 T21N R08W		
Greenville MS 38704 City State Zip Code	<u> </u>			
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Well	/ Borehole Data	2)]"		
Well Date drilling started: 7.2.13 Date drilling complet	ed: $1.2.13$ Hole depth: 1.2	Hole diameter: <u>4</u>		
Location of the source of any surface water used for drilling: \underline{V}				
Method of dosing and volume of Chlorine used in drillin	g and development: <u>CHUDRIN</u>	E TABLETS		
Logs run (circle all applicable)/ No log run Electric Ga	mma Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotec	hnical/Geological Investigation	Ground Source Heat Pump		
Seismic Survey Oth	er (describe)			
If drilling is not related to water we	l construction, skip the remainder	of this block		
Purpose of Well (<i>circle all applicable</i>): Home Industrial Public Supply Frigation Fish Culture				
Other (describe):		······································		
If a flowing well, method of flow regulation: Valve	•			
Static Water Level:feet [above or bel (circle one)	owj land surface Date measured			
Method of measurement (circle one): Steel tape Electr		\sim		
Well depth: $\underline{\mathcal{O}}$ Well grouted to a depth of: $\underline{\mathcal{O}}$	\cap	Neat Cement Bentonite Mix		
Casing length: $-\frac{1}{\sqrt{1-1}}$ feet Casing diameter: _	<u> </u>			
Screen length: $-\frac{70}{0.57}$ feet Screen diameter:	27)	an		
Screen slot size:inches Setting dep				
Type of completion (circle all applicable): Gravel packet	Underreamed Open hole	Natural Development		
Other (describe):	· · · · · · · · · · · · · · · · · · ·			
Top of lap pipe or reduction in casing:fee				
If telescoped or more that	n one screen, describe on next pay	<i>ye</i>		

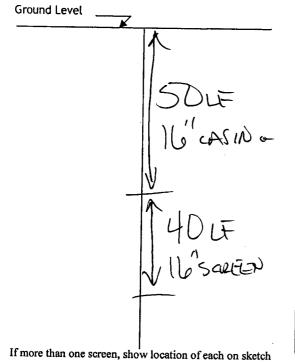
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Form: OLWR-SWR-1A (4/13)



The sketch below only required for water wells

If well telescopes, show depths on sketch.



Well #: N165

For Office Use Only:

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)
TOP SOLL	Ground level	10
CLAY	16	20
SAND	7.0	55
MEDIUM SAND MEDIUM WARSE SAND	55	ÊÓ
MEDIUM WARSE SHOUD	80	- <u>an</u>
BOLTON	an	- 42
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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) north arrow

SEE MAP

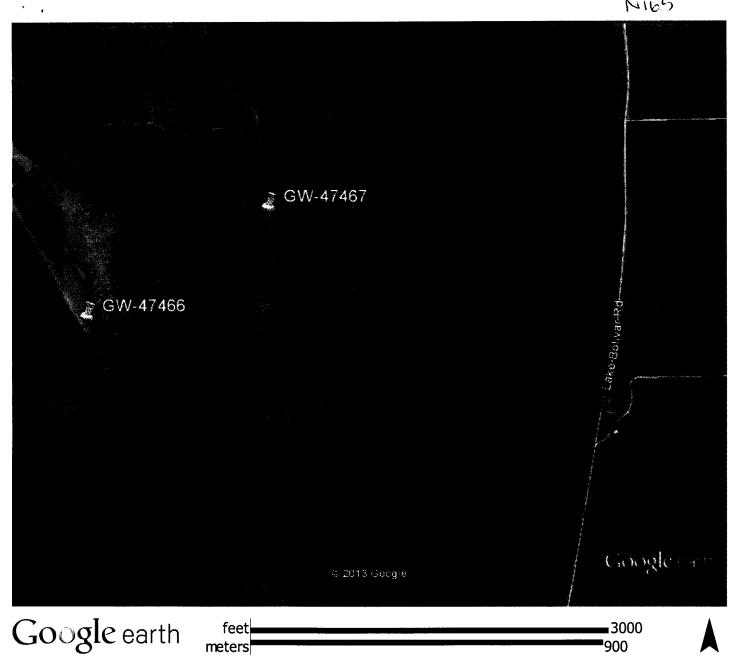
Landowner Name:

I HEREBY 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. . ^

	7.2.13	for some
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		Form: OLWR-SWR-1A (4/1)

Form: OLWR-SWR-1A (4/13)

N165



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STATE WELL REPORT					
County: Bolivar	Part 2	For Office Use Only:			
Permit # (ala) - 4/7/167 Pump Installe	er's Completion Report				
Mississippi Departr	nent of Environmental Quality	Well #: <u>N165</u>			
	nd and Water Resources .0. Box 2309				
Jackson Jackson	on, MS 39225-2309	Aquifer:			
	501)961-5210				
(601) 360-0535 (fax) 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 L Well Owner Information		<i>vithin 30 days of well completion.</i> ocation			
Owner Name: Delta Pineland MGT	Latitude: <u>35 38 28</u> Lor	gitude: <u>91.03.33</u>			
Mailing Address: P.O.Box 5669	-): Conventional Survey,			
	USGS quad, Hand-held G	$PS_X, Survey-grade GPS$			
City State Zip Code	<u>SE 1/ NE 1/4, Sec_</u>	OG TZIN ROBW			
City State Zip Code	3 Miles S.W. o	Benoit			
Telephone No. ()	(Distance) (Direction)	(Nearest Town)			
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (de	scribe):			
Date Pump Installed: <u>7-5-13</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement	nt				
Power Ty	p e (c ircle one)				
Electric Diesel, Gasoline Natural Gas Tractor PTO Win	dmill Other (<i>describe</i>):				
Horse Power Rating of Motor: 60^{h} Setting Depth: 70 feet Number of Stages: 7					
	for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minim	um 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 Surf	ace Test Pumping Rate:	Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe):	<u></u>			
Pump Test Dat	ta for Flowing Well				
Measured shut in head:feet. Not Toste J					
Well yieldedGPM with a drawdown of	feet after	hours of pumping			
Meter Installation					
Meter Manufacturer: MClonetel	Meter Serial Number:	3-05086			
Meter Model Number/Name: MO310 Type of Meter: Propeller					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):9にした1000					
Installation Date: 7.26-13 Meter installed by: Chicof Frigation					
Is This Meter (circle one): New Repaired Replacement					
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.					
Antobard Stephens 741-P 7-31-13 Thill St					
Print Name of Pump Installer and License No. (if applicable)	Date Signa	ture of Pump Installer			

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Form: OLWR-SWR-2A (4/13)