

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: N166
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-47604
 Driller: Clarence McMurry
 Date drilling completed: 9-18-13

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>#1892 Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Dassett Planting Co.</u> Mailing Address: <u>P.O. Box 156</u></p>	<p>Well or Borehole Location Latitude: <u>33° 41' 44"</u> Longitude: <u>91° 01' 00"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>1R 1/4 1R 1/4, Sec. 01 T. 21N R. 08W</u> <u>3.08</u> Miles <u>North</u> of <u>Benoit</u> (Distance) (Direction) (Nearest Town)</p>
<p><u>Beulah</u> <u>MS</u> <u>38726</u> City State Zip Code Telephone No. <u>(662) 242-3640</u></p>	

Well / Borehole Data

Date drilling started: 9-18-13 Date drilling completed: 9-18-13 Hole depth: 125' Hole diameter: 20"
 Location of the source of any surface water used for drilling: hauled water
 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A
 Static Water Level: 25 feet (above or below) and surface Date measured: 9-20-13
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 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: .050 inches Setting depth: From 95 feet to 125 feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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

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 SEP 24 2013
 BY: [Signature]

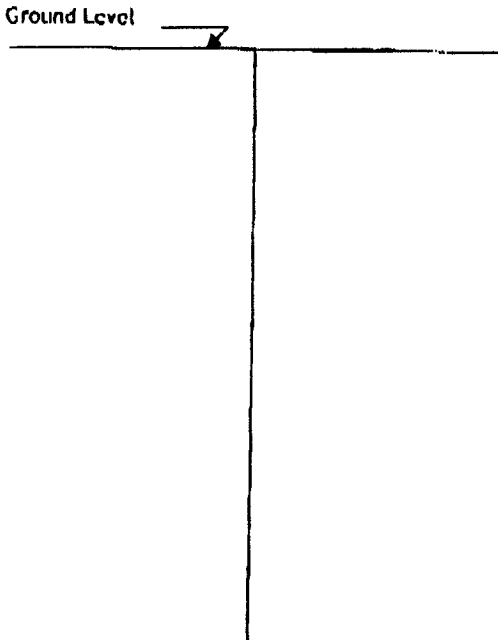
N166

County: Bolivar
 Permit #: GW-47604

For Office Use Only:
 Well #: _____

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

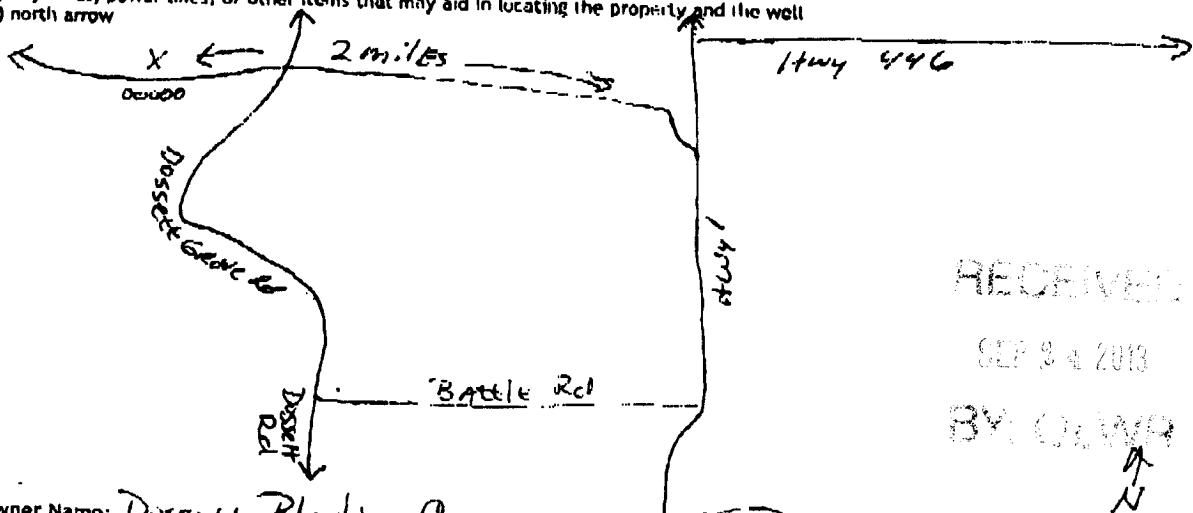


Description of Formations Encountered	From (depth)	To (depth)
Top Soil/Sand	Ground level	19
Fine Sand	19	29
Medium Sand & pea gravel	29	38
Fine Sand	38	43
Medium/Course Sand & pea gravel	43	50
Fine Sand & pea gravel	50	54
Medium Sand & pea gravel	54	56
Coarse Sand & pea gravel	56	91
Coarse Sand & gravel	91	109
Medium Sand	109	118
Medium Sand & gravel	118	123
Medium/Course Sand & gravel	123	125

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) north arrow



Landowner Name: Dosssett Planting Co V - To Bossit

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.

Clayton Miller 0-707 9-21-13 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: N166

Aquifer: _____

County: Bolivar
 Permit #: GLW-47604 ✓
 Driller: John Rybolt IV
 Date completed: 9-20-13
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>Dossett Planting Co.</u>			Latitude: <u>33° 41' 44"</u>	Longitude: <u>91° 01' 00"</u>
Mailing Address: <u>P.O. Box 156</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Beulah</u>	<u>MS</u>	<u>38726</u>	USGS quad _____, Hand-held GPS <u>Y</u> , Survey-grade GPS _____	
City	State	Zip Code	<u>1R 1/4 1R 1/4, Sec 01 T 21N R 06W</u>	
Telephone No. <u>(662) 742-3640</u>			<u>3.08</u> Miles <u>North</u> of <u>Bendit</u>	
			(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-20-13 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 25 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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

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.

Clayton Miller 0-703 9-21-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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BY [Signature]