

County: Bolivar
 Permit #: GWA3646
 Irrigation Equipment
 Driller:
 Date drilling completed: 11-19-09

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 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: P194
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Turpin Properties LLC</u>	Latitude: <u>33° 38' 32"</u> Longitude: <u>90° 46' 32"</u>
Mailing Address: <u>c/o Harold Mitchell Jr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>217 Crittenden St.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenville MS 38701</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>25</u> <u>T21N</u> Rng <u>6W</u>
City _____ State _____ Zip Code _____	<u>NE</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>Shaw</u>

Well / Borehole Data

Date drilling started: 11-19-09 Date drilling completed: 11-19-09 Hole depth: 111' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface water

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm

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 X 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 X Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 41' feet above or below (circle one) land surface Date measured: 11-20-09

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

Well depth: 111' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Sentonite Mix

Casing length: 71 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 See formations feet to _____ 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

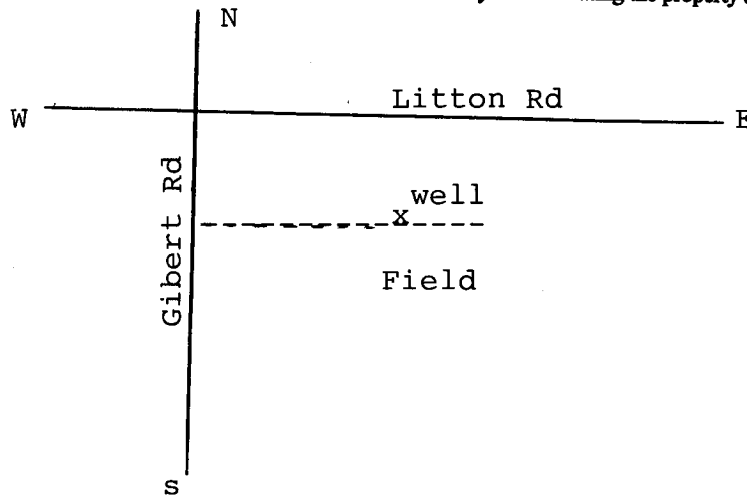
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	22
Fine sand	23	38
Fine Sand & gravel	39	54
Med Sand & gravel	55	85
Fine sand & gravel	86	93
Med Sand & gravel	94	111
Screen 64-83'	20'	
Screen 92-111'	20'	

Screen
Blank
Screen

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: Turpin Properties LLC

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.

John P. Chism 0439

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 11-19-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: P19A
 Well #: _____
 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>Turpin Properties LLC</u> Mailing Address: <u>c/o Harold Mitchell Jr</u> <u>217 Crittended st</u> <u>Greenville MS 38701</u> City State Zip Code <u>662-335-6011</u> Telephone No. () _____	Latitude: <u>33°38'32"</u> Longitude: <u>90°46'32"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW ¼ NW ¼ Sec 25 T 21N R 6W</u> Distance Direction Nearest Town <u>2 Miles N of Shaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-20-09</u> Rated Pump Capacity: <u>2200±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ 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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)

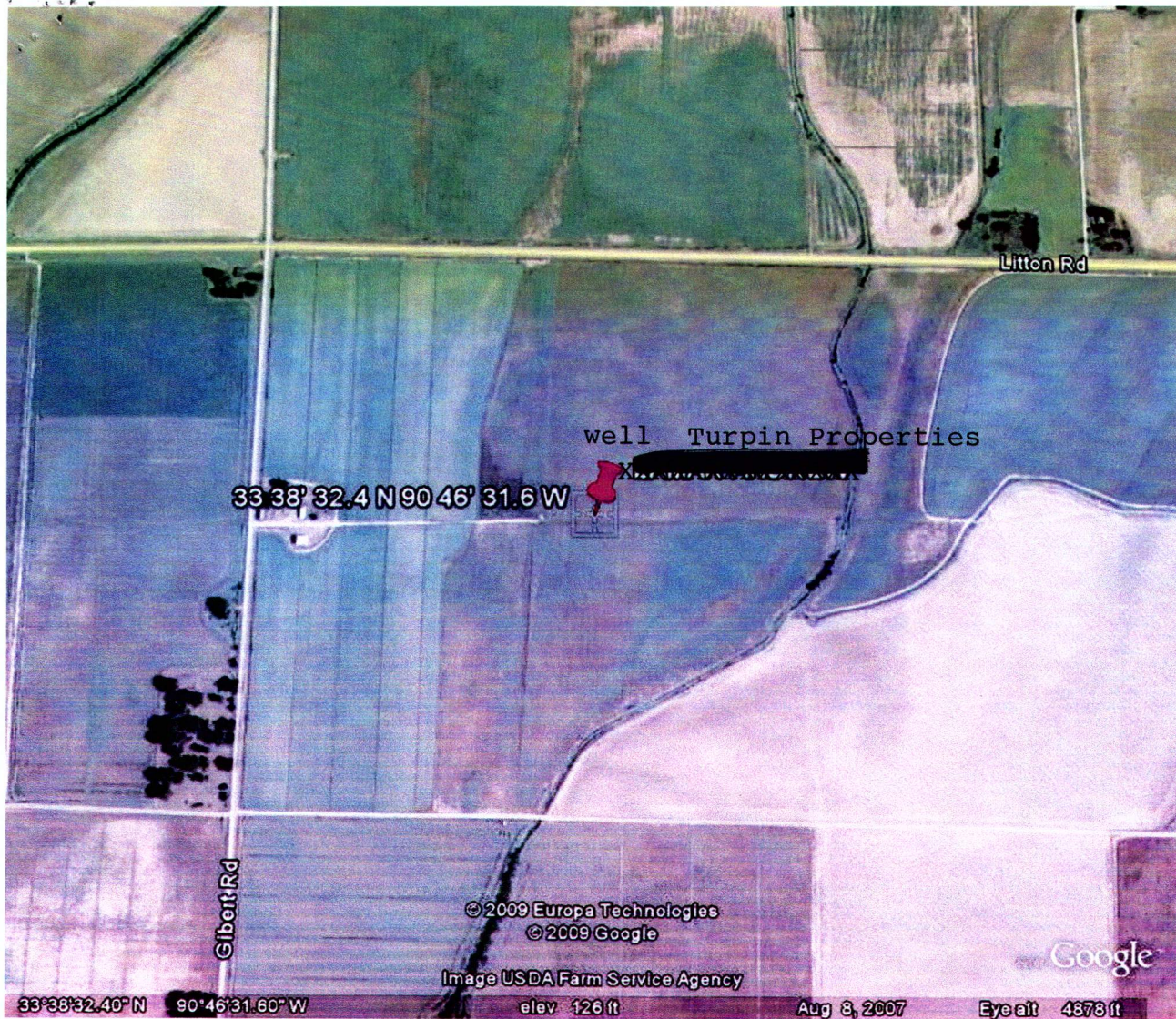
John P. Chism
 Signature of Pump Installer

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

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