

County: Bolivar
 Permit #: GW-45343
 Driller: Cook Drilling Co., Inc.
 Date drilling completed: 6-28-11

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: _____
 Well #: Q-233
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rodney Walker Farms</u> Mailing Address: <u>74 Cockerhane Rd.</u> <u>Shaw</u> MS. <u>38773</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33-59-124</u> Longitude: <u>90-48-60W</u> <u>73-41-34</u> <u>90-41-34</u> Method of Lat/Long (circle one): Conventional Survey.</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 02</u> Twn <u>021N</u> Rng <u>05W</u></p> <p>Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Bay Lake</u></p>
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Well / Borehole Data

Date drilling started: 6/28/11 Date drilling completed: 6/28/11 Hole depth: 120 ft Hole diameter: 22 in

Location of the source of any surface water used for drilling: _____
 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) _____

Static Water Level: 46ft feet above or below (circle one) land surface Date measured: 6/28/11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

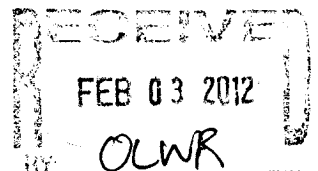
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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 screens, describe on next page*

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



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-45343
 Driller: Cook Dalg. Co., Inc.
 Date completed: 6-29-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q 233
 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>Rodney Walker, Farmer</u>	Latitude: <u>33° 59' 17"</u> Longitude: <u>90° 48' 68" W</u>
Mailing Address: <u>74 Cockerham Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shaw</u> Ms. <u>38773</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 02 T 21 N R 05 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>E</u> of <u>Boyle ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6/29/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>46ft</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Gallen Williams #289 Gallen Williams
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR SWR-4B (4/06)

FEB 03 2012
 BY: OLWR



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Yazoo Mississippi Delta Joint Water Management District

G 233

June 16, 2011

Rodney Walker Farms
74 Cockerham Rd
Shaw, MS 38773

33 59 124 227
90 48 680W

RE: Well Drilling / Authorization

RECEIVED
FEB 03 2012
BY OLWR

Permit No: GW-45343

Dear Rodney Walker Farms:

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for your application is:

Location: Section_02_Township_21N_Range_05W_County_Bolivar

A copy of this notice or permit **must be** attached to the State Well Report. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be** mail or faxed to YMD Joint Water Management District.

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director