

County: Carroll
 Permit #: GW-43852
 Driller: Irrigation Equipment
 Date drilling completed: 5-27-10

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: D 15
 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)
 Owner Name: William Dunn Farms
 Mailing Address: 1201 Riverbend Dr.
Greenwood Ms. 38930
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 33.32205 Longitude: 90.05126
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE SE SW NW 1/4 Sec 4 Twn 19N Rng 2E
 Distance Direction Nearest Town
5 Miles NE of Greenwood

Well / Borehole Data
 Date drilling started: 5-27-10 Date drilling completed: 5-27-10 Hole depth: 116 Hole diameter: 18"
 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 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: 13 feet above or below (circle one) land surface Date measured: 5-28-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 76 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 77 feet to 116 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*

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level $\xrightarrow{\quad}$

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	38
Fine Sand & Gravel	39	45
Medium Sand & Gravel	46	113
Clay	114	116

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: William Dunn Farms

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.

Patrick M. Chism 0695 _____

Print Name of Responsible Licensee and License No. _____ Date _____ Signature of Licensee _____

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County: Carroll
 Permit #: GW-43852
 Irrigation Equipment
 Driller: _____
 Date completed: 5-27-10
 Copy information from block on Part 1

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 #: _____
 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>William Dunn Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1201 Riverbend Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood Ms. 38930</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 4 T19N R 2E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>5 Miles NE of Greenwood</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<input checked="" type="checkbox"/> Submersible	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>15</u>
Other (specify): _____	Setting Depth: <u>70</u> feet
Date Pump Installed: <u>5-28-10</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: <u>750 ±</u> Gallons Per Minute	

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

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.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer

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RECEIVED

JUN 02 2010

BY: OLWR