

Coahoma

County: Fulton
 Permit #: GW 43490
 Driller: Joel Jumper
 Date drilling completed: 2/26/09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Ø 11A
 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.

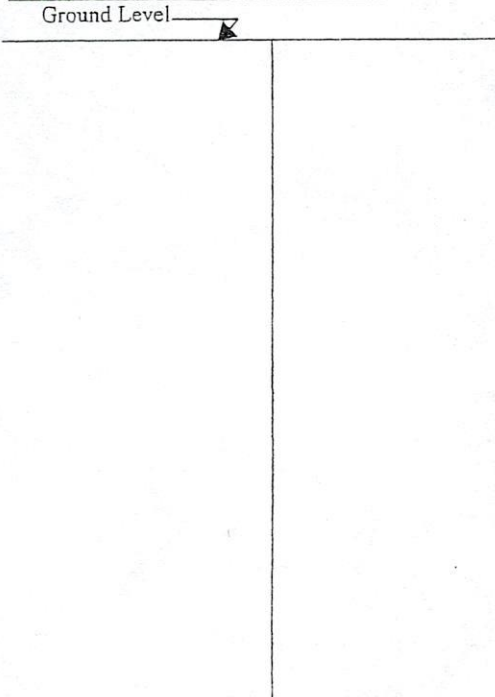
Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Matteson Farms</u> Mailing Address: <u>P.O. Box 15A</u> <u>Dublin MS 38739</u> City State Zip Code Telephone No. <u>662 402-4601</u>		Well or Borehole Location Latitude: <u>33.59.50</u> Longitude: <u>90.07.34</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>N. 1/4 Sec 36</u> Twp <u>25 N</u> Rng <u>3 W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Tutwiler, MS</u>	
Well / Borehole Data Date drilling started: <u>2/26/09</u> Date drilling completed: <u>2/26/09</u> Hole depth: <u>105'</u> Hole diameter: <u>16"</u> Location of the source of any surface water used for drilling: <u>Ditch</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
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: <u>25</u> feet above or below (circle one) land surface Date measured: <u>2-27-09</u> Method of Measurement (circle one) <u>Steel tape</u> electric tape air line other: _____ Well depth: <u>105</u> feet Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>65</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>050</u> inches Setting depth: From <u>65</u> feet to <u>105</u> feet Type of completion (circle all applicable) <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of tap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

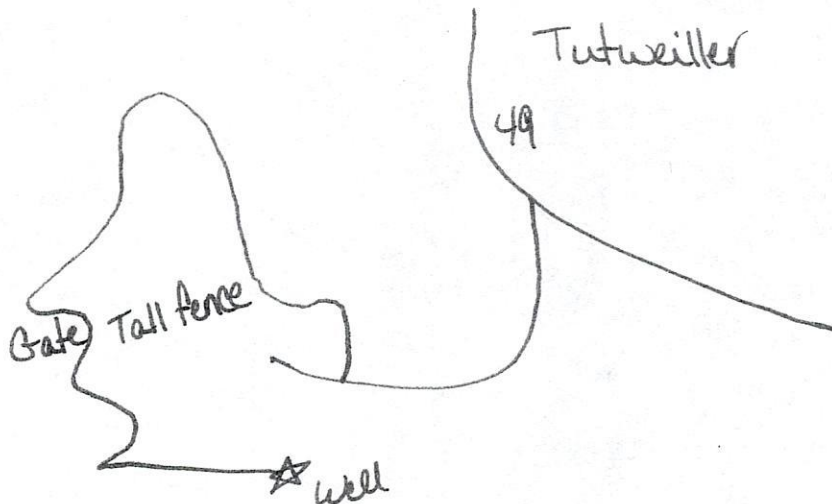


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Gumbo	0	38
Fine Sand	38	48
Course Sand: Gravel	48	104
Gumbo	104	105

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: _____

Form: OLWR-SWR-1A

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.

Joel Jumper 0368
Print Name of Responsible Licensee and License No.

2/26/09
Date

Joel Jumper
Signature of Licensee

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