

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

County: Grenada
 Permit #: GW-16962 ✓
 Driller: Clarence McMurry
 Date drilling completed: 6-10-12

For Office Use Only:
 Aquifer: E 48
 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.

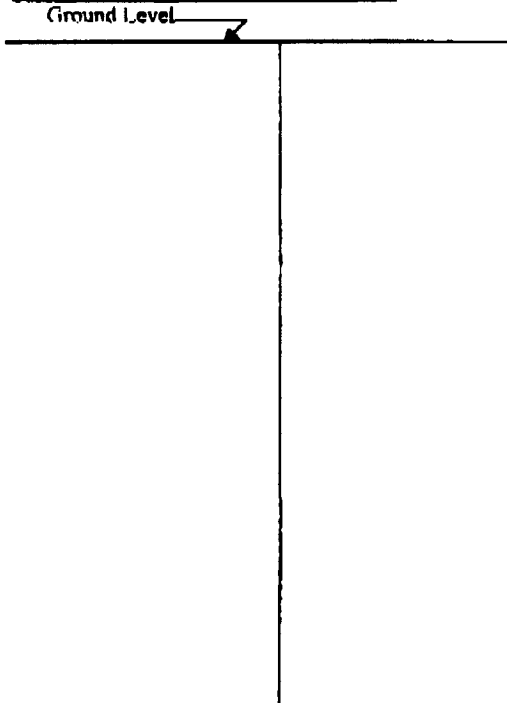
<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>M & M Farms Partnership</u> Mailing Address: <u>P.O. Box 245</u> <u>Drew MS 38737</u> City State Zip Code Telephone No. <u>(662) 719-5306</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 46' 45.2"</u> Longitude: <u>90° 02' 33.2"</u> Method of Location (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>6</u> <u>1/4</u> <u>Sec 12</u> <u>Twn 22N</u> <u>Rng 02E</u> NE NW 13 Distance Direction Nearest Town Miles of _____ <u>#1620 #1 15hp</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>6-10-12</u> Date drilling completed: <u>6-10-12</u> Hole depth: <u>78'</u> Hole diameter: <u>22"</u> Location of the source of any surface water used for drilling: <u>near by well</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 <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <u>If drilling is not related to water well construction, skip the remainder of this block</u> Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>7</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-11-12</u> Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> <u>electric tape</u> air line other: _____ Well depth: <u>78'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>58</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>58</u> feet to <u>78</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: <u>N/A</u> feet. <u>If telescoped or more than one screen, describe on next page</u></p>	

E 48

The sketch below only required for water wells

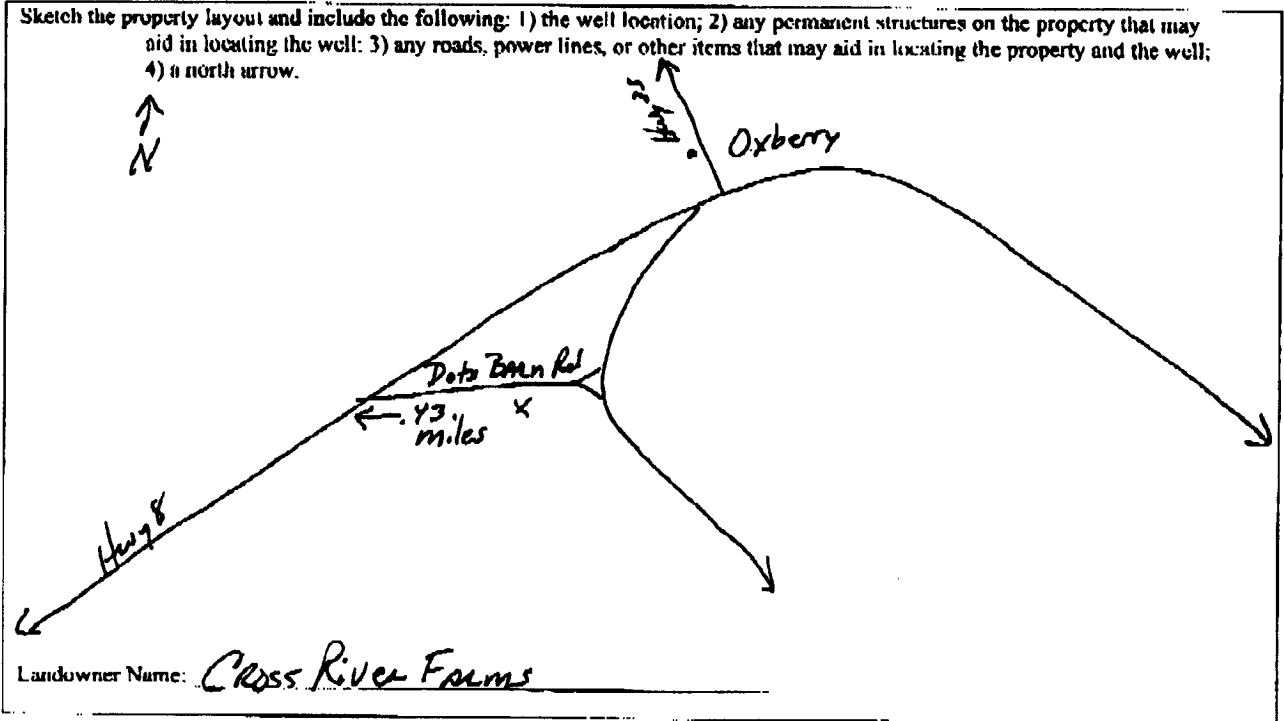
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground Level	19
Fine Sand	19	26
Medium Sand	26	42
Clay	42	46
Medium Course Sand & gravel	46	59
Hard Clay	59	72
Rock	72	74
Hard Clay & Rock	74	78

If more than one screen, show location of each on sketch



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.

Clayton Miller 0-703 6-12-12 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

E 48

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: _____

County: Grenada
 Permit # GW-16962
 Driller: David Cenady
 Date completed: 6-11-12

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

Owner Name: M:M Farms Partnership
 Mailing Address: P.O. Box 245
Drew MS 38737
 City State Zip Code
 Telephone No. (662) 719-5306

Well Location

Latitude: N33° 46' 45.92" Longitude: W90° 02' 53.27"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS X, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 12 1 22N R 02E
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type

Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-11-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 15
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 7 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
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level

Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded N/A 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.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer