

County: Hinds
 Permit # 44" well #2
 Driller: Water Well Services
 Date drilling completed: 6-29-16

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2308
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D76
 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: Cal-Marine Foods, Inc
 Mailing Address: P.O. Box 168
Edwards, Ms 39066
 City State Zip Code
 Telephone No. (601) 852-4970

Well or Borehole Location
 Latitude: 32-19-56 Longitude: 90-38-09
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 29 Twp 6N Rng 4W
 Distance Direction Nearest Town
1.2 Miles W of Edwards

Well / Borehole Data
 Date drilling started: 6-10-16 Date drilling completed: 6-29-16 Hole depth: 275 Hole diameter: 6"
 Location of the source of any surface water used for drilling: Edwards, Ms water
 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): FEACO

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: Chicken Houses

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-25-16

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

Well depth: 250 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.008 inches Setting depth: From 190 feet to 250 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development

Other (describe): _____

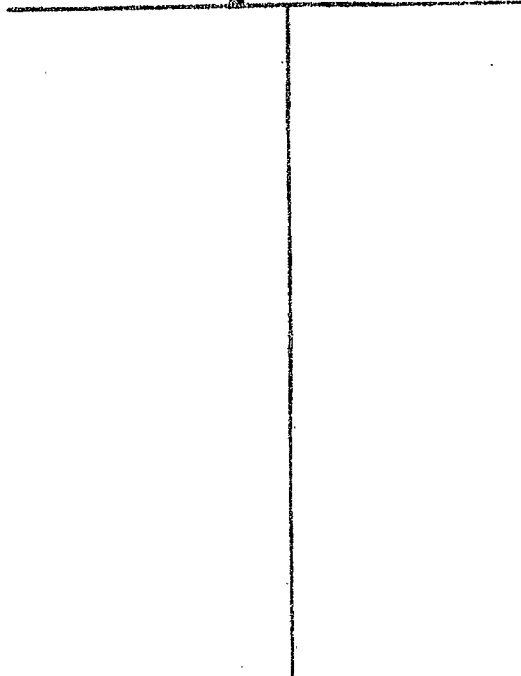
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)
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The sketch below only required for water wells.

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

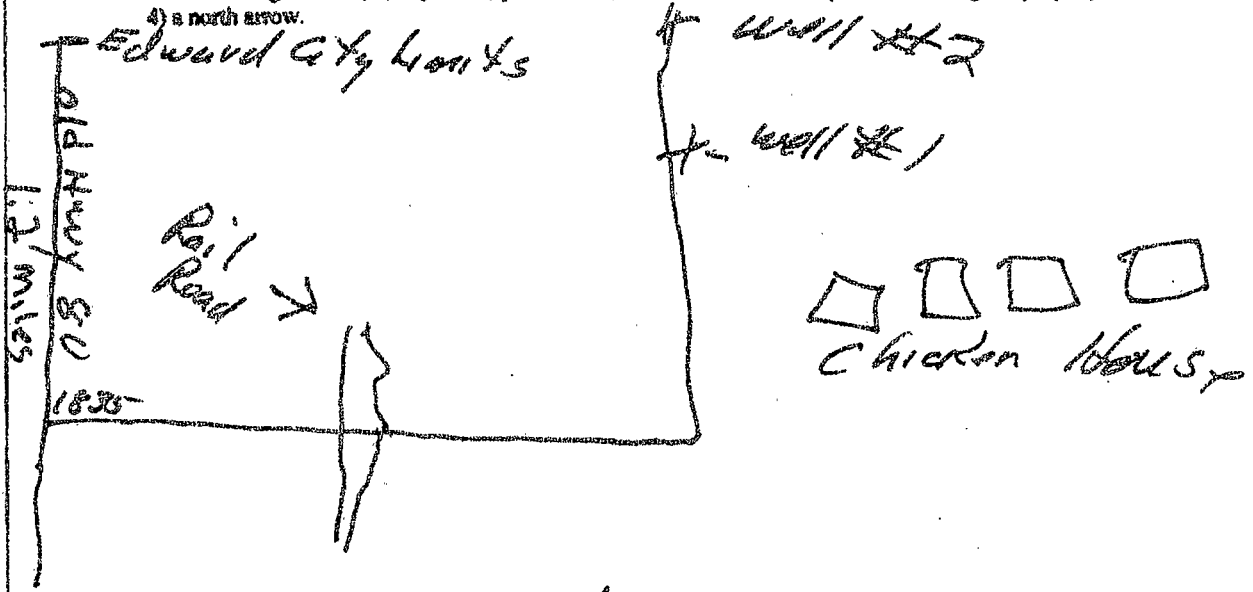
If well telescopes, show depths on sketch.
Ground Level _____



Description of Formations Encountered	From (depth)	To (depth)
Red sand	0	20
clay	20	30
Rock	30	150
clay	150	190
sand	190	250
clay	250	375

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: Cal-Marine Foods, Inc

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.

Print Name of Responsible Licensee and License No. Arnold Fracher Sr 0598 Date 7-18-16

Signature of Licensee Arnold Fracher Sr

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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: Madison
 Permit #: 4" well #2
 Driller: Waterwell Services
 Date completed: 6-22-16
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D76
 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>Cal-Marine Food, Inc</u>	Latitude: <u>32 19 50^N</u> Longitude: <u>90 38 01^W</u>
Mailing Address: <u>P.O. Box 168</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
<u>Edwards, Ms 39066</u>	NW 1/4 SW 1/4 Sec <u>29</u> T <u>6N</u> R <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 852-4970</u>	<u>1.2</u> Miles <u>Edwards</u> <u>Edwards</u> <u>west</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>6-25-16</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-25-16</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>N.A.</u>
Pumping Water Level (B): <u>N.A.</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N.A.</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Arnold Fracker Sr 0598 Arnold Fracker Sr RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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