

County: Humphreys
 Permit #: GW-44391
 Irrigation Equipment
 Date: _____
 Date drilling completed: 6-25-10

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C18c
 I. S. Elevation: _____
 B-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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Roberts Farms Inc.</u> | Latitude: <u>33-12-52.4</u> Longitude: <u>90-29-06.4</u> |
| Mailing Address: <u>P.O. Box 202</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>Belzoni</u> <u>Ms.</u> <u>39038</u> | USGS quad, <u>SW 1/4 SW 1/4 Sec 23</u> Twn <u>16N</u> Rng <u>3W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>1</u> Miles <u>N</u> of <u>Belzoni</u> |

Well / Borehole Data

Date drilling started: 6-25-10 Date drilling completed: 6-25-10 Hole depth: 122 Hole diameter: 20"

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: Replacement

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

Static Water Level: 30 feet above of below (circle one) land surface Date measured: 6-25-10

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

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 8.3 feet to 122 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)

BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay | Ground Level | 32 |
| Fine Sand | 23 | 38 |
| Fine Sand + Gravel | 39 | 58 |
| Medium Sand + Gravel | 59 | 122 |
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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: Roberts Farms Inc.

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

I certify that the well/borchole 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

Patrick M Chism

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

Signature of Licensee

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 BY: OLWR

County: Humphreys
 Permit #: GW-44391
 Irrigation Equipment
 Date completed: 6-25-10
 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 #: 4186
 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>Roberts Farms Inc.</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 202</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Belzoni Ms. 39038</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 23 T16N R3W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>1 Miles N of Belzoni</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> | Electric Motor <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill _____ Other (specify): _____ |
| Other (specify): _____ | Motor Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6-25-10</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): _____ 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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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) Patrick M Chism
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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