

Filed 2-6-12

County: Humphreys
 Permit #: GW-45100
 Driller: Charles M. Nichols
 Date drilling completed: 4-26-11

State Well Report
Part I - 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: J136
 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)	Well or Borehole Location
Owner Name: <u>Martin Lightcap Box Farms</u>	Latitude: <u>33° 5' 40" N</u> Longitude: <u>90° 30' 30" W</u>
Mailing Address: <u>P.O. BOX 66</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>26</u>
<u>Midnight MS. 39115</u>	USGS quad, <u>hand-held GPS</u> , Survey-grade GPS <u>/</u>
City State Zip Code	<u>NW 1/4, NW 1/4, Sec 04</u> <u>Twn 14N</u> <u>Rng 03W</u>
Telephone No. <u>(662) 247-3939</u>	NE NE Distance Direction Nearest Town <u>0.7 Miles W of Silver City</u>

Well / Borehole Data

Date drilling started: 4-26-11 Date drilling completed: 4-26-11 Hole depth: 118 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: HTH

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 23 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .035 inches Setting depth: From 78 feet to 118 feet

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

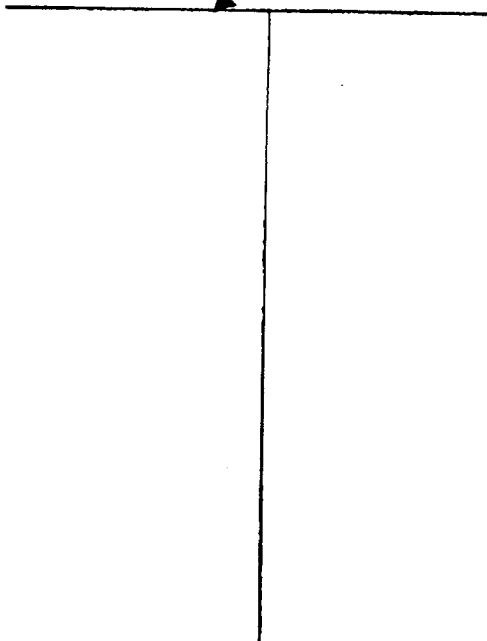
Other (describe): _____

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

The sketch below only required for water wells

If well telescopes, show depths on sketch

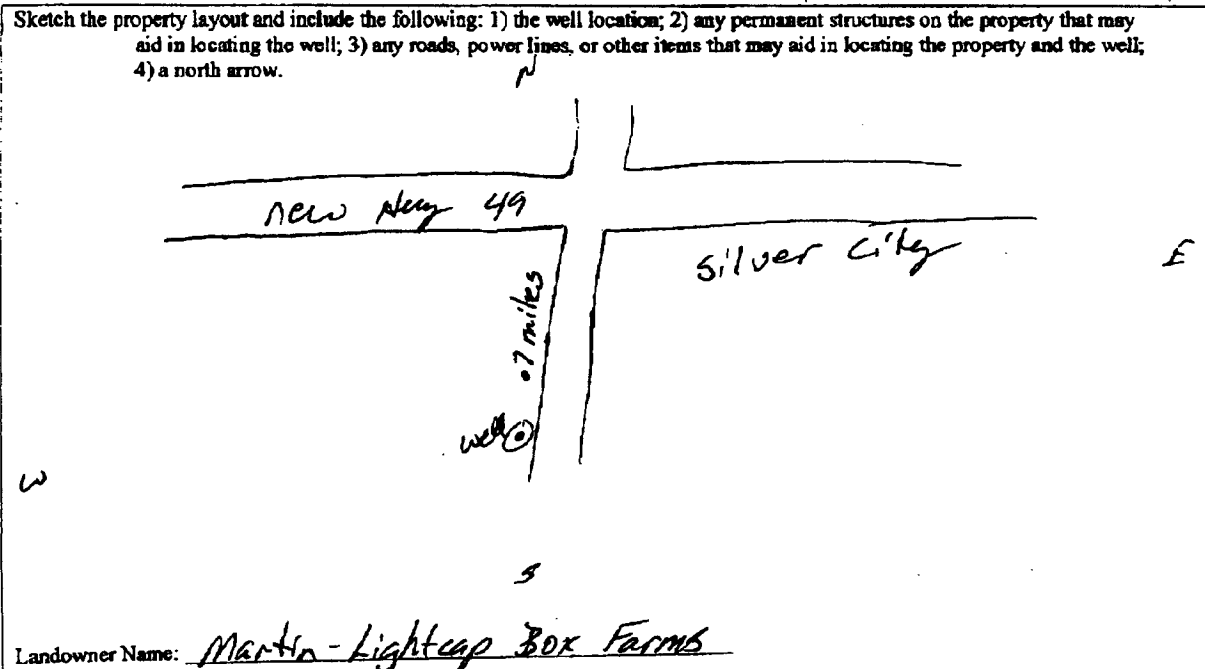
Ground Level _____



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	17
Sandy clay	17	50
Clay to med sand	50	110
med sand	60	80
Course sand & gravel	80	118
Clay	118	

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



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.

Charles M. Nichols 0-667
Print Name of Responsible Licensee and License No.

1-21-12
Date

Charles M. Nichols
Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10637
 Jackson, MS 39219-0631
 (601)961-7210
 (601)394-6938 (fax)

County: Humphreys
 Permit #: _____
 Driller: Matt Nichols
 Date completed: _____
Copy information from Mark on Part 1

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>Martin Lightcap Box Farms</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Midnight MS 39115</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	N Sec <u>04</u> T <u>14</u> R <u>03W</u>		
Telephone No. <u>662 247-3939</u>	Distance <u>.7th Miles</u>	Direction <u>W</u>	Nearest Town <u>Silver City, MS</u>

Pump Type Circle one			Power Type Circle one		
Air Lift <input type="checkbox"/>	Jet <input type="checkbox"/>	Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Beaker <input type="checkbox"/>	Piston <input type="checkbox"/>	<u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>60</u>		
Date Pump Installed: <u>4-30-2011</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2500</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>N/A</u>	Air Line <input type="checkbox"/>	<u>Electric Measuring Line</u> <input checked="" type="checkbox"/>	Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>22' 9"</u> Feet Below Land Surface	Other (specify): <u>N/A</u>		
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured when in bank: <u>N/A</u> feet		
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of		
Test Pumping Rate: _____ Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): _____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert Byars 0-543
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form OLWR-SWR-1B