

County: Leflore
 Permit #: GW-44706
 Driller: Clarence M. Murry
 Date drilling completed: 3-22-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: C 166
 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)
 Owner Name: Twin Bayou Farms
 Mailing Address: 4950 CR 522
Winter City, MS 38994
 City State Zip Code
 Telephone No.: (662) 899-4546

Well or Borehole Location
 Latitude: N33° 38' 46.82" Longitude: 90° 20' 56.81"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
99 W 1/2 1/4 Sec 36 Twn 21N Rng 02W
 Distance: 0.37 Miles Direction: North of Nearest Town: Schlaters

Well / Borehole Data
 Date drilling started: 3-22-11 Date drilling completed: 3-22-11 Hole depth: 130' Hole diameter: 26"
 Location of the source of any surface water used for drilling: near by ditch
 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): _____
 Purpose of borehole (check one): Water Well X 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) N/A
 Static Water Level: 38' feet above or below (circle one) land surface Date measured: 3-23-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 80 feet to 130 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe) _____
 Top of lrp pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

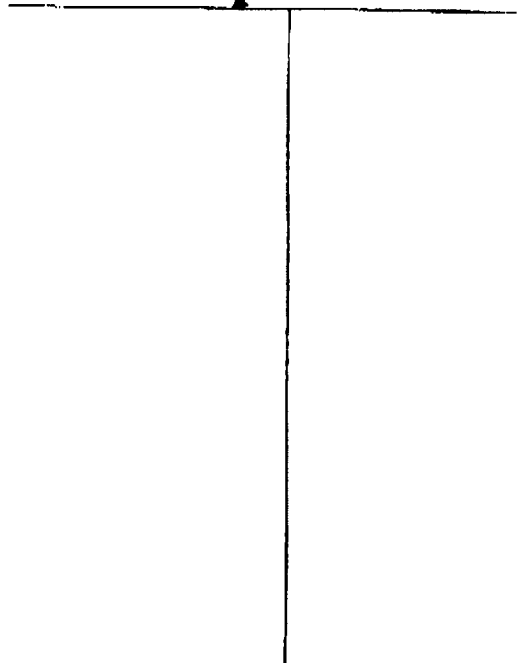
c 1166

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

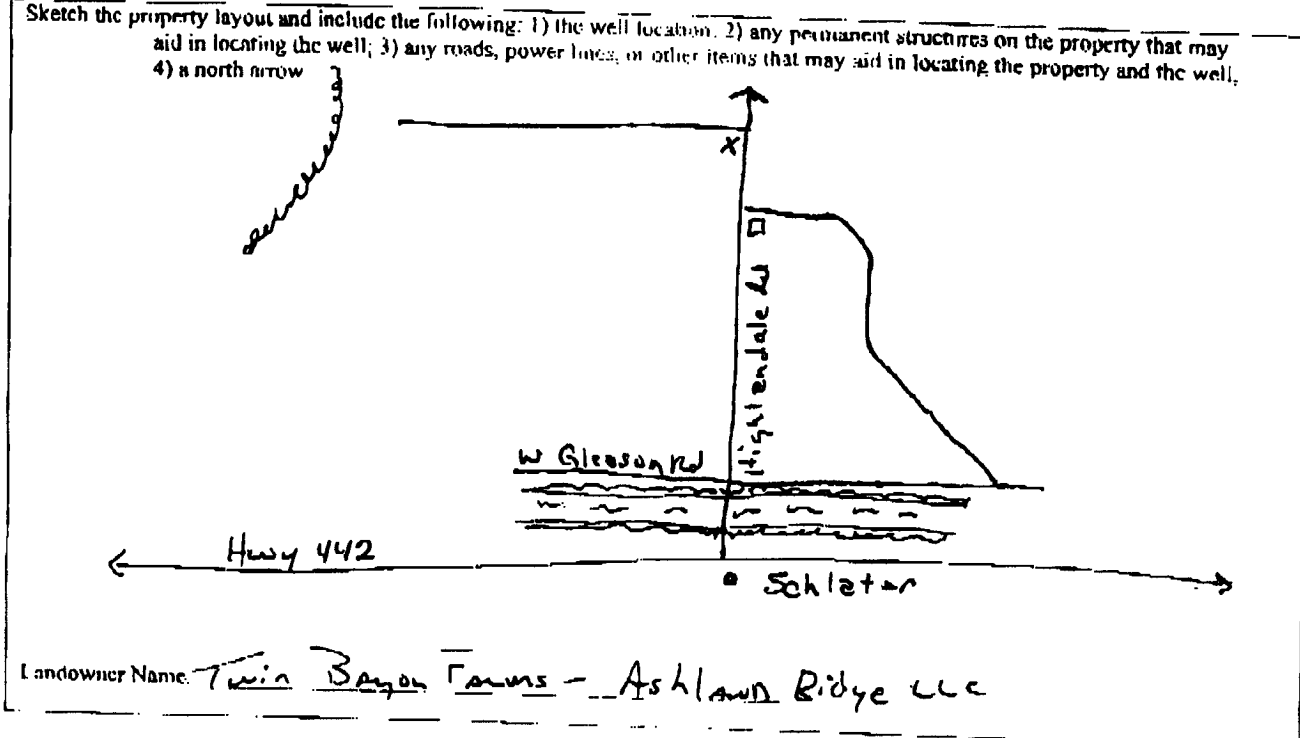
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	20
CLAY & FINE SAND	20	68
MEDIUM SAND & CLAY	68	77
MEDIUM/COARSE SAND and gravel	77	106
Rock		108
MEDIUM SAND & PERGRAVEL	108	123
MEDIUM SAND & PERGRAVEL	123	126
MEDIUM SAND	126	130

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



Landowner Name: Twin Bayou Farms - Ashland Ridge LLC

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 3-28-11
Print Name of Responsible Licensee and License No. Date

Clayton Miller
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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Leflore
 Permit #: GW-44706
 Driller: John Rybolt
 Date completed: 3-23-11
Copy information from block 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
 Owner Name: Twin Bayou Farms
 Mailing Address: 4950 County Road 522
Minter City MS 39732
 City State Zip Code
 Telephone No. (602) 897-4546

Well Location
 Latitude N33° 38' 46.82" Longitude W90° 20' 56.99"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance Direction Nearest Town
.037 Miles North of Schlaton

Pump Type
 Circle one
 Air lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 3-23-11
 Rated Pump Capacity: 2000 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: 60
 Setting Depth: 70 feet
 Number of Stages: 2

Pump Test Data
 Date Well Tested: NOT TESTED
 Static Water Level (A): 38 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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