

County: Leflore
 Permit #: GW-47199 ✓
 Driller: Irrigation Equipment
 Date drilling completed: 04/18/2013

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) 961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L321
 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: Shellmound Farms
 Mailing Address: 343 Hwy 82 West
Greenwood Ms 38930
 City State Zip code
 Telephone No. () -

Well or Borehole Location

Latitude: 33 ° 29 ' 10 " Longitude: 90 ° 07 ' 35 "
 Method of Lat/Long (check one): Conventional Survey, ³⁶
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 30 ✓ TwN 19 N ✓ Rng 2 E ✓
 Distance Direction Nearest Town
1 Miles Southeast of Greenwood

Well / Borehole Data

Date drilling started: 04/18/2013 Date drilling completed: 04/18/2013 Hole depth: 125 Hole diameter: 24"
 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 (check 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 flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 15 feet above or below (check one) land surface Date measured: 04/18/2013
 Method of Measurement (check one) steel tape electric tape air line other: _____
 Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 85 75 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 75 feet to 115 feet
 Type of completion (check 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 Form A (2008)
RECEIVED
 MAY 03 2013
 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 boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Clay | | 75 |
| Course Sand | 76 | 85 |
| Course Sand & Gravel | 86 | 115 |
| White Sand | 116 | 125 |
| | | |
| Blanked 9' on the bottom | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Shellmound Farms

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.

Patrick Chism **0695** **04/18/2013**
Print Name of Responsible Licensee and License No. Date

(Signature)
Signature of Licensee

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

RECEIVED

MAY 03 2013

BY: OLWR

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 #: L321
Elevation: _____

County: Leflore
Permit #: GW-47199
Driller: Irrigation Equipment
Date drilling completed: 04/18/2013
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 | Well Location |
|--|---|
| Owner Name: <u>Shellmound Farms</u> | Latitude: <u>33 29' 10.3 N</u> Longitude: <u>90 07' 35.8 W</u> |
| Mailing Address: <u>343 Hwy 82 West</u> | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Greenwood</u> <u>Ms</u> <u>38930</u> City State Zip code | <u>NW</u> ¼ <u>NE</u> ¼ Sec <u>30</u> T <u>19 N</u> R <u>2 E</u> |
| Telephone No. () - | Distance Direction Nearest Town <u>1</u> Miles <u>Southeast</u> of <u>Greenwood</u> |

| Pump Type Check one | Power Type Check one |
|--|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>04/18/2013</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Check one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| 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 (check 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 Chism 0695
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED

MAY 03 2013
Form: OLWR-SWR-10 (07-09)

BY: OLWR