

**State Well Report
Part 1 - Driller's Log**

County: PANOLA
 Permit #: MS-GW-17047
 Driller: RATLIF Water Well
 Date drilling completed: July 2013

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)
360-0535

For Office Use Only:
 Aquifer: W59
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Rockco Mining LLC</u> Mailing Address: <u>16308 Hwy 315</u> <u>SARDIS MS 38666</u> City State Zip Code Telephone No. () <u>NA</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 14' 13N</u> Longitude: <u>89° 52' 35W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>SW 1/4 SW 1/4 Sec 6</u> ✓ <u>Twn 10S</u> ✓ <u>Rng 6W</u> ✓ Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>Batesville</u></p>
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Well / Borehole Data

Date drilling started: May 2013 Date drilling completed: July 2013 Hole depth: 560 Hole diameter: 18"
 Location of the source of any surface water used for drilling: Pond next to well site
 Method of dosing and volume of Chlorine used in drilling and development: 100 ppm Residual
 Logs run (circle all applicable): No log run Electric ~~Gamma Ray~~ ~~Density~~ ~~Gamma~~ ~~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: 91 feet above of below (circle one) land surface Date measured: July 10, 13
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 560 Well grouted to a depth of 500 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 500 feet Casing diameter: 12 inches Type of casing: Steel
 Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS
 Screen slot size: .020 inches Setting depth: From 500 feet to 560 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: 440 feet. *If telescoped or more than one screen, describe on next page*

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: LANOLA
 Permit #: MS-6W-17047
 Driller: RATLIFF Water Well
 Date completed: July 2013
Copy information from block on Part 1

For Office Use Only:
 Well #: 1159
 Aquifer: _____

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>Rockco Mining LLC</u>	Latitude: <u>34° 14' 13N</u> Longitude: <u>89° 52' 35W</u>
Mailing Address: <u>16308 Hwy 315</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
<u>SARDIS</u> <u>MS.</u> <u>38666</u>	<u>SW 1/4 SW 1/4, Sec 6 T10S R6W</u>
City State Zip Code	<u>5</u> Miles <u>SE</u> of <u>Batesville</u>
Telephone No. () <u>NA</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: July 10, 2013 Rated Pump Capacity: 400 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 25 Setting Depth: 180 feet Number of Stages: 6

Pump Test Data for Non Flowing Well
 Date Well Tested: July 13, 2013 Duration of Pump Test (minimum 4 hours): 6 hours
 Static Water Level (A): 91 Feet Below Land Surface Pumping Water Level (B): 128 Feet Below Land Surface
 Drawdown [(B) - (A)]: 37 Feet Below Land Surface Test Pumping Rate: 400 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: NA Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert E Ratliff 0-002 July 25, 2013 Robert E. Ratliff
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer