

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: B779  
Well #: B52  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-46169  
Driller: Irrigation Equipment  
Date drilling completed: 07/20/2012

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>Coldwater River Farms LLC</u>	Latitude: <u>34 ° 24 ' 36 "</u> Longitude: <u>90 ° 18 ' 55 "</u>
Mailing Address: <u>P.O. Box 832</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Hernando</u> <u>Ms</u> <u>38632</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>12</u> TwN <u>8S</u> Rng <u>11W</u>
Telephone No. ( ) -	Distance Direction Nearest Town
	<u>5</u> Miles <u>Southwest</u> of <u>Sledge</u>

Well / Borehole Data

Date drilling started: 07/20/2012 Date drilling completed: 07/20/2012 Hole depth: 115 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: \_\_\_\_\_ feet above or below (check one)  land  surface Date measured: \_\_\_\_\_  
Method of Measurement (check one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
Well depth: 115 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix  
Casing length: 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 76 feet to 115 feet  
Type of completion (check all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): Circle S Irrigation will set pump  
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)

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B79 B52

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground level \_\_\_\_\_

Description of Formations Encountered	From (depth)	To (depth)
<b>Clay</b>	Ground level	<b>25</b>
<b>Fine Sand</b>	<b>26</b>	<b>35</b>
<b>Medium Sand</b>	<b>36</b>	<b>45</b>
<b>Course Sand &amp; Gravel</b>	<b>46</b>	<b>115</b>


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: Coldwater River Farms

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.

Patrick Chism      0695      07/30/2012      

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

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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: Quitman
Permit #: GW-46169
Driller: Irrigation Equipment
Date drilling completed: 7-20-12
Copy information from block on Part 1

For Office Use Only:
Aquifer: B52
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: COLDWATER RIVER FARMS, Mailing Address: P.O. BOX 832, HERWANDO MS 38632, Telephone No. (662) 820-2205
Well Location: Latitude: 34°24'31.41", Longitude: 90°18'52.31", Method of Lat/Long: Conventional Survey, Distance: 3 1/2 Miles, Direction: NW, Nearest Town: FALCON

Pump Type: Check one
Air Lift, Bucket, Centrifugal, Jet, Piston, Rotary, Submersible, Turbine, Flowing Well
Other (specify):
Date Pump Installed: 7-26-12
Rated Pump Capacity: 2200 Gallons Per Minute

Power Type: Check one
Diesel Engine, Electric Motor, Windmill, Gasoline Engine, Hand, Other (specify):, Natural Gas, Tractor PTO
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 2

Pump Test Data: Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level: Check one
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of feet after hours of pumping

This is for (check one): [X] 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.

DAVID P. HOLT 0-752P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer: [Signature]
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