

Job # 9149

Quitman

County: Cookman
 Permit #: GW43232
 Driller: Dee Sappington
 Date drilling completed: 5-12-09

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D29
 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.

Triple N Farms
 233 Westover Dr.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Owner Name: Triple N Farms
 Mailing Address: 245 East Joe Ave.
Clarksdale
MS 38614
 City State Zip Code
 Telephone No. (662) 624 5863

Well or Borehole Location
 Latitude 34° 16' 29" N Longitude 90° 21' 28" W
 Method of Lat/Long (circle one): Conventional Survey, 16
 USGS quad: (Hand-held GPS) Survey-grade GPS
 SW 1/4 SE 24 Sec. 24 Twn 28N Rng 2W
 Distance 3/4 Miles Direction N of Nearest Town Baker

Well / Borehole Data
 Date drilling started: 5-12-09 Date drilling completed: 5-12-09 Hole depth: 100 Hole diameter: 16
 Location of the source of any surface water used for drilling: Lake near well
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chloride @ 10ppm
 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: 18 feet above or below (circle one) land surface Date measured: 5-12-09
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 0.32 inches Setting depth: From 60 feet to 100 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

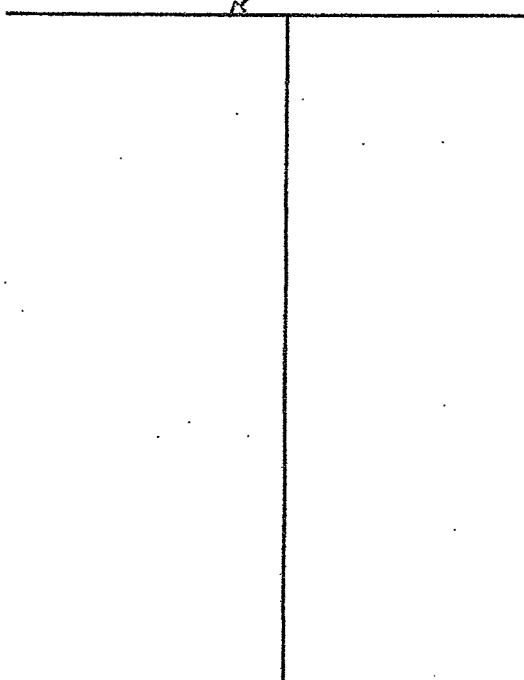
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

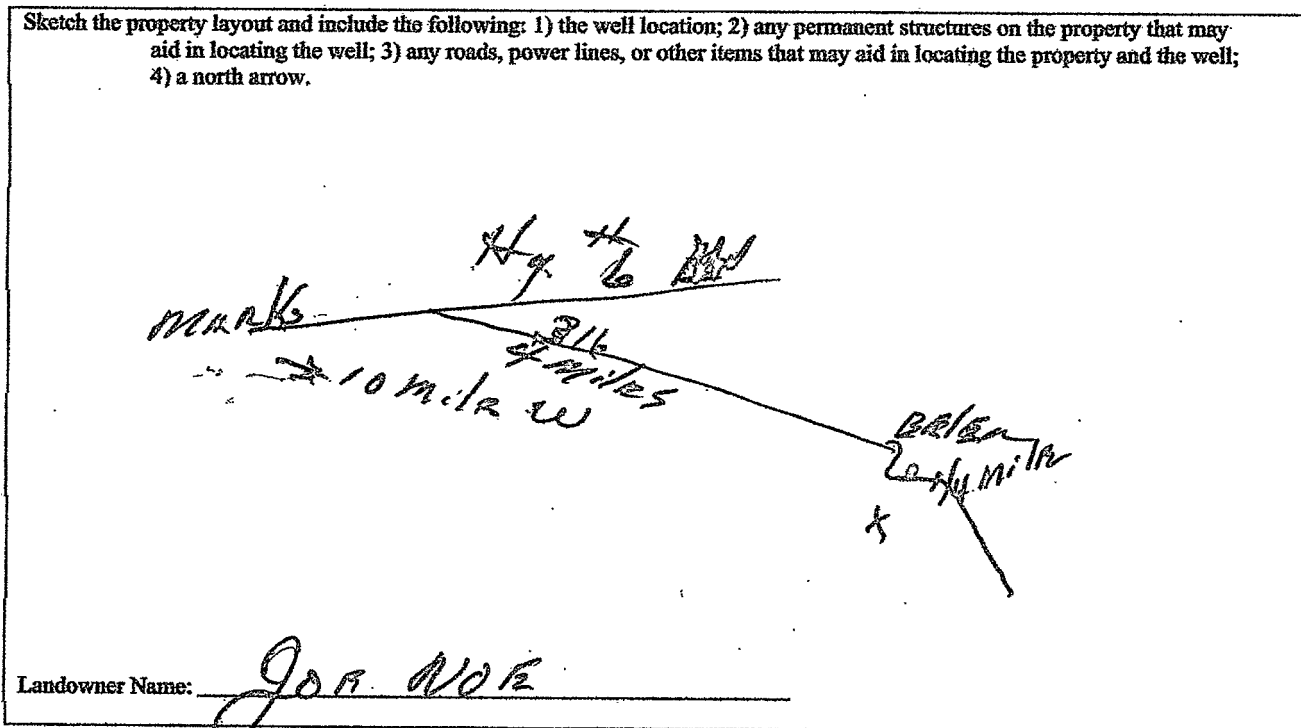


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0'	40'
2-4' sand	40'	50'
courses sand & gravel	50'	100'

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: JOE NOR

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.

DAL30 5/2/09

Print Name of Responsible Licensee and License No. Date

[Signature]

Signature of Licensee

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STATE WELL REPORT

County: Quitman
 Permit #: GW43232
 Driller: PETE SAPPINGTON
 Date completed: 5-12-09
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)954-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D 29
 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>TRERE N FARRIS</u>	Latitude: <u>34° 16' 49.4"</u> Longitude: <u>90° 21' 16.3"</u>
Mailing Address: <u>233 WESTOVER DR</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>CLARKSOALE MS 3864</u> City State Zip Code	<u>SW ¼ SE ¼ Sec 24 T 28N R 2W</u>
Telephone No. <u>(662) 624-5863</u>	Distance Direction Nearest Town <u>1/4</u> Miles <u>N</u> of <u>BELEN</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>80</u>
Date Pump Installed: <u>6-15-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> 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	

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

Form: OLWR-SWR-1B

JOB
9/19/09