

#2

County: Quitman
 Permit #: GW-43596
 Driller: Clarence McMurtry
 Date drilling completed: 3-10-11

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: D 31
 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: Charles Walker Farms
 Mailing Address: P.O. Box 348
Marks MS 38646
 City State Zip Code
 Telephone No. (662) 326-4063

Well or Borehole Location
 Latitude: N34° 16' 26.85" Longitude: W90° 22' 34.17"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad Hand-held GPS Survey-grade GPS
NW 1/4 NW 1/4 Sec. 26 Twn. 28N Rng. 2W
 Distance Direction Nearest Town
5.93 Miles West of MARKS

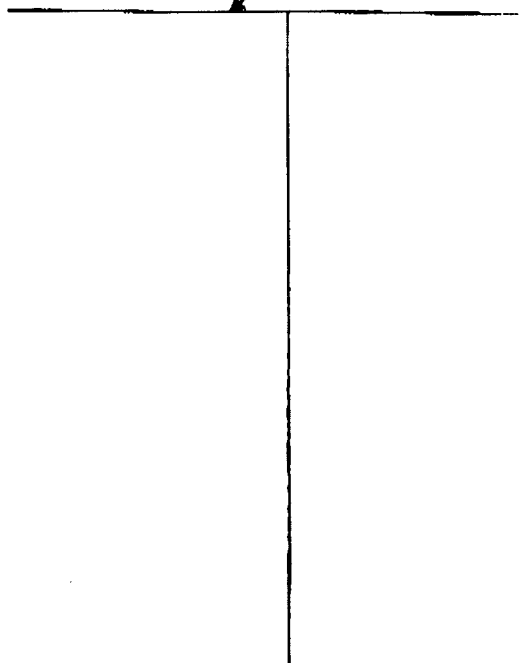
Well / Borehole Data
 Date drilling started: 3-10-11 Date drilling completed: 3-10-11 Hole depth: 120' Hole diameter: 26"
 Location of the source of any surface water used for drilling: nearby ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well 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: 21 feet above or below (circle one) land surface Date measured: 3-11-11
 Method of Measurement (circle one) steel tape electric tape _____ air line _____ other: _____
 Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____
 Casing length: 70 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 70 feet to 120 feet
 Type of completion (circle all applicable): Gravel packed Undersanded Telescoped Open hole Natural Development
 Other (describe) _____
 Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

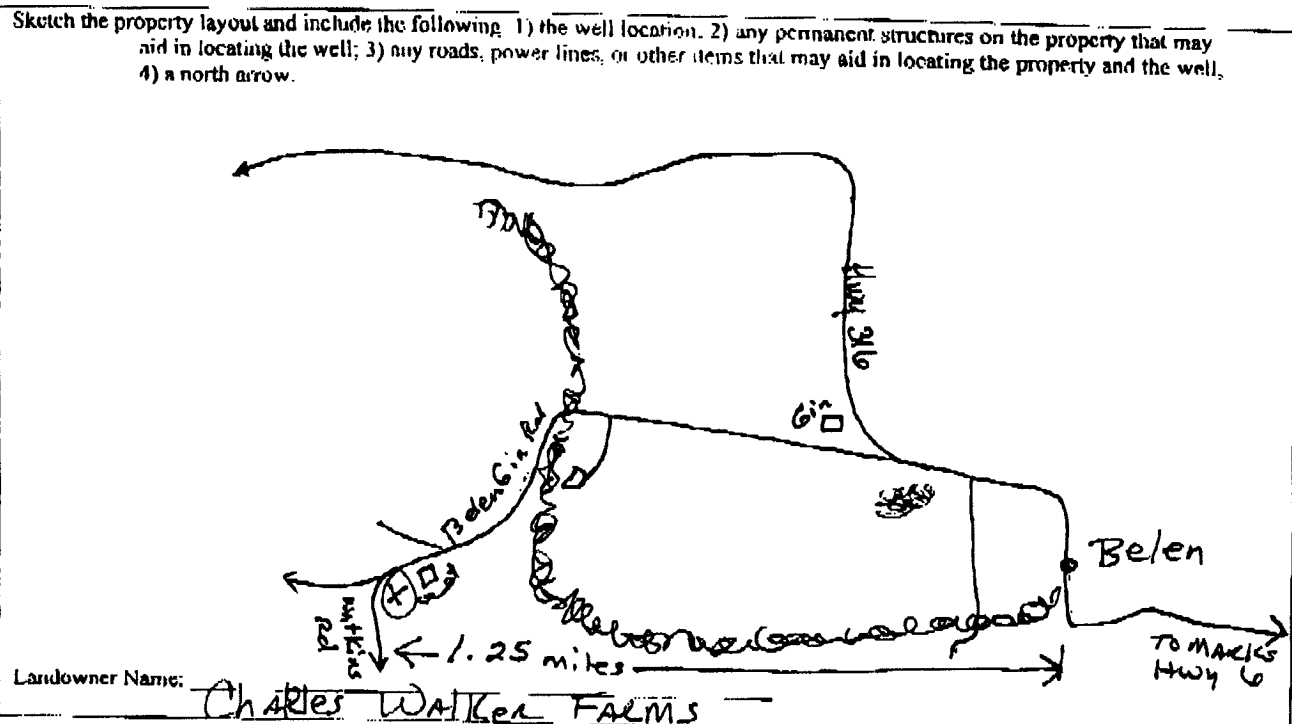


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	6
Clay	6	18
Medium Sand & pea gravel	18	40
Fine Sand	40	51
Medium Sand	51	68
Medium/Coarse Sand & pea gravel	68	97
Coarse Sand & gravel	97	103
Medium Sand	103	106
Coarse Sand & gravel	106	118
Medium Sand	118	120

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: Charles Walker 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.

Clayton Miller 0-703 3-21-11

Clayton Miller

Print Name of Responsible Licensee and License No.

Date

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: Quitman
 Permit #: GW-43596
 Driller: John Rybolt II
 Date completed: 3-11-11
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	Well Location
Owner Name: <u>Charles Walker Farms</u>	Latitude: <u>N34° 16' 26.85"</u> Longitude: <u>W90° 22' 34.17"</u>
Mailing Address: <u>P.O. Box 348</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MARKS</u> <u>MS</u> <u>38646</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>26</u> <u>1</u> <u>28N</u> R. <u>02W</u>
Telephone No. <u>(662) 326-4063</u>	Distance Direction Nearest Town
	<u>5.93</u> Miles <u>West</u> of <u>MARKS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-11-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>2'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer