

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: A-138
 L. S. Elevation: _____
 E-log #: _____

County: Sharkley
 Permit #: GW42026
 Driller: John Newcome
 Date drilling completed: 4-5-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Panther Burn Plantation</u>	Latitude: <u>33° 02' 31"</u> Longitude: <u>090° 53' 33"</u>
Mailing Address: <u>10 AGR: WORLD, INC.</u> <u>1427 S. MAIN, SUITE 153</u> <u>GREENVILLE, MS. 38701</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>SW 1/4 SW 1/4</u> Sec. <u>26</u> Twn <u>14N</u> Rng <u>7W</u>
Telephone: <u>(602) 332-1811</u>	Distance: <u>5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Panther Burn</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-5-07 Date well drilling completed: _____

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78-85-90-105 feet to 110-120 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John Newcome 0-773

[Signature]

Print Name of Water Well Contractor and License No.

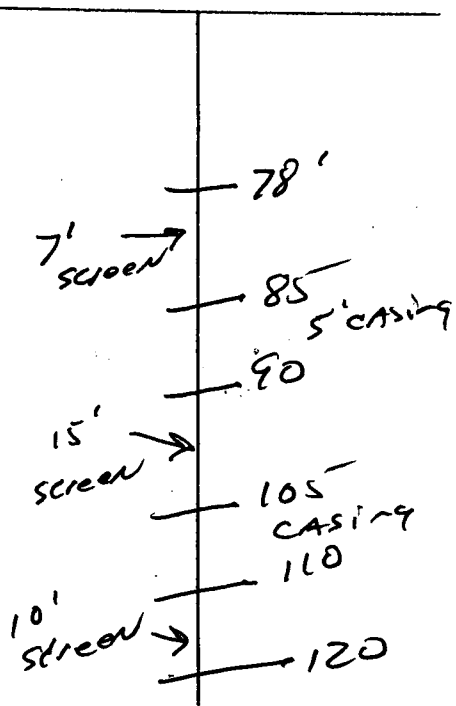
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

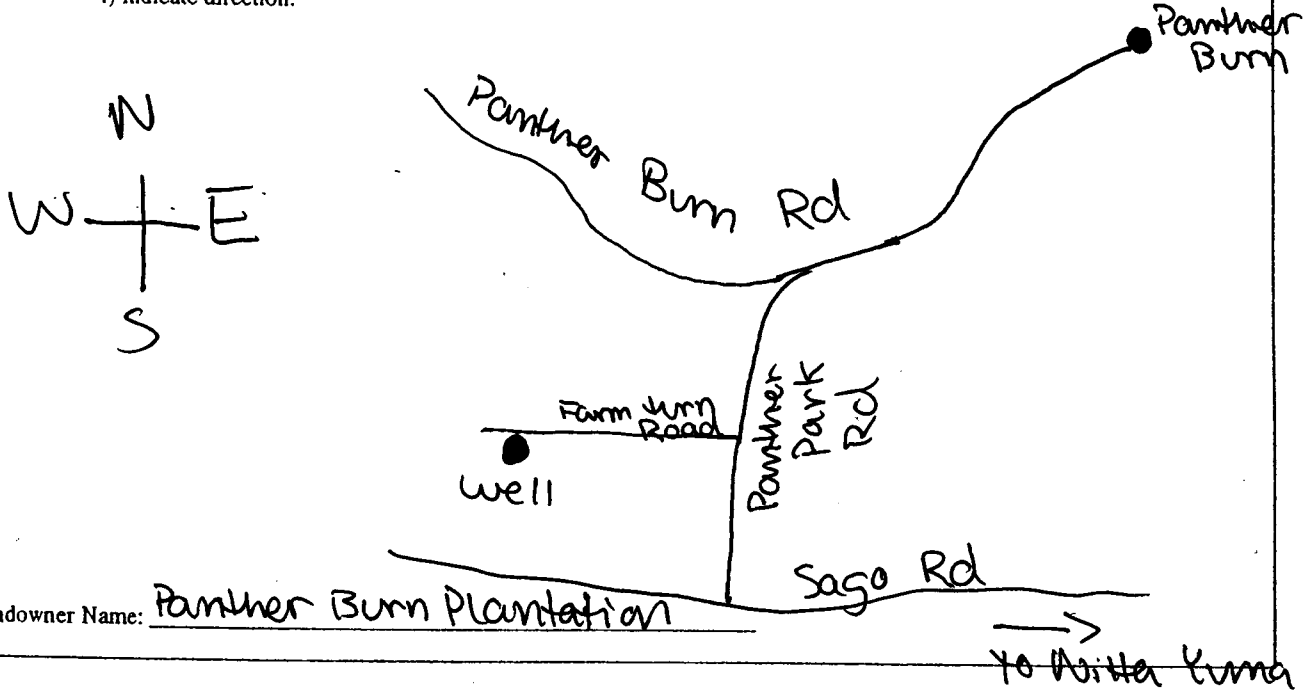
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
MIX CLAY	10	28
FINE SAND	28	28
COARSE SAND	28	85
FINE SAND	85	90
COARSE SAND	90	105
FINE SAND	105	110
COARSE SAND GRAVEL	110	123

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) indicate direction.



Landowner Name: Panther Burn Plantation

[Signature]
Signature of Water Well Contractor

STATE WELL REPORT

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)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A-138

Elevation: _____

County: SHARKEY
 Permit #: QW42020
 Driller: J. NEWCOME
 Date completed: 4-5-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: PANTHER BURN PLANTATION
 Mailing Address: 10 AGRICULTURAL, INC.
1427 S. MAIN, SUITE 153
GREENVILLE, MS. 38701
 City State Zip Code
 Telephone No: 662-332-1811

Well Location

Latitude: 33-02-31 Longitude: 090-53-33
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NW ¼ Sec 26 Twn 14N Rng 7W
 Distance Direction Nearest Town
S Miles SW of PANTHER BURN

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-6-07
 Rated Pump Capacity: 3000 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: _____ feet
 Number of Stages: _____

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)]: NO TEST Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle 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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
GLEN ROWE #710-P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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