

Panther Burn #14.

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: A 185
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: SHARKEY
Permit #: GW 44/46
Driller: J. NEWCOME 0-773
Date drilling completed: 5-13-10

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 Pnt.</u> | Latitude: <u>33° 03' 47"</u> Longitude: <u>090° 50' 07"</u> |
| Mailing Address: <u>90 Agriworld Inc</u> <u>1427 S. Main, Suite 153</u> <u>Greenville, MS 38701</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> Twn <u>14N</u> Rng <u>6W</u> |
| Telephone No. () _____ | Distance <u>3.4</u> Miles Direction <u>west</u> of Nearest Town <u>Delta City ms.</u> |

Well Data

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

Date well drilling started: 5-13-10 Date well drilling completed: 5-13-10

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 55 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 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
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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BY: OLWR

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 #: _____
 Elevation: _____

County: Sharkey
 Permit #: _____
 Driller: J. Newcome 0-713
 Date completed: 5-13-10

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 | Well Location |
|--|---|
| Owner Name: <u>Panther Burn Plnt.</u> | Latitude: <u>33° 03' 47"</u> Longitude: <u>090° 50' 07"</u> |
| Mailing Address: <u>% Agriworld Inc</u> <u>1427 S. Main, Suite 153</u> <u>Greenville MS 38701</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| Telephone No. () _____ | <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> Twn <u>HN</u> Rng <u>6W</u> |
| | Distance Direction Nearest Town <u>3.4</u> Miles <u>W</u> of <u>Delta City</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket Piston <input type="radio"/> <u>Flowing Well</u> <input checked="" type="radio"/> | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> <u>Flowing Well</u> <input checked="" type="radio"/> | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>5/14/10</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1600</u> Gallons Per Minute | Number of Stages: <u>1</u> |

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

Cony Rowe 0-711P
 Print Name of Pump Installer and License No. (if applicable)

C. Rowe
 Signature of Pump Installer

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