

County Sharkey
 Permit # GW44824
 Driller: Clarence Mc Murry
 Date drilling completed: 1-5-12

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: _____
 Well #: A 201
 L. S. Elevation: _____
 E-log #: _____

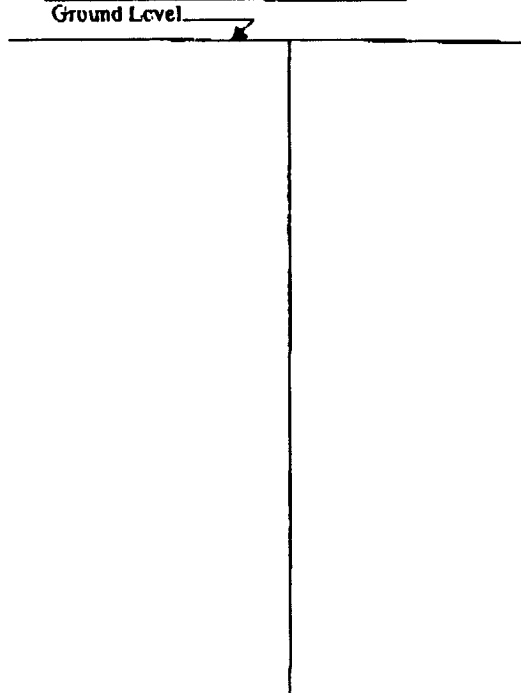
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Sycsa Farms</u>	Latitude: <u>N 33° 03' 53.44"</u> Longitude: <u>W 90° 46' 39.25"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (circle one): <u>53</u> Conventional Survey <u>40</u>
<u>Delta City MS 39061</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS /
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 14 Twn 14N Rng 06W</u>
Telephone No. <u>(601) 907-1389</u>	Distance Direction Nearest Town <u>1.18</u> Miles <u>SE</u> of <u>Delta City</u>
	<u>#1496</u> Well #2
Well / Borehole Data	
Date drilling started: <u>1-5-12</u> Date drilling completed: <u>1-5-12</u> Hole depth: <u>125'</u> Hole diameter: <u>21"</u>	
Location of the source of any surface water used for drilling: <u>nearby ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <u>Y</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <u>Y</u> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>27</u> feet above or below (circle one) land surface Date measured: <u>1-6-12</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Non Cement</u> Bentonite Mix	
Casing length: <u>85</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>85</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Undersanded Telescoped Open hole Natural Development	
Other (describe) _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

The sketch below only required for water wells.

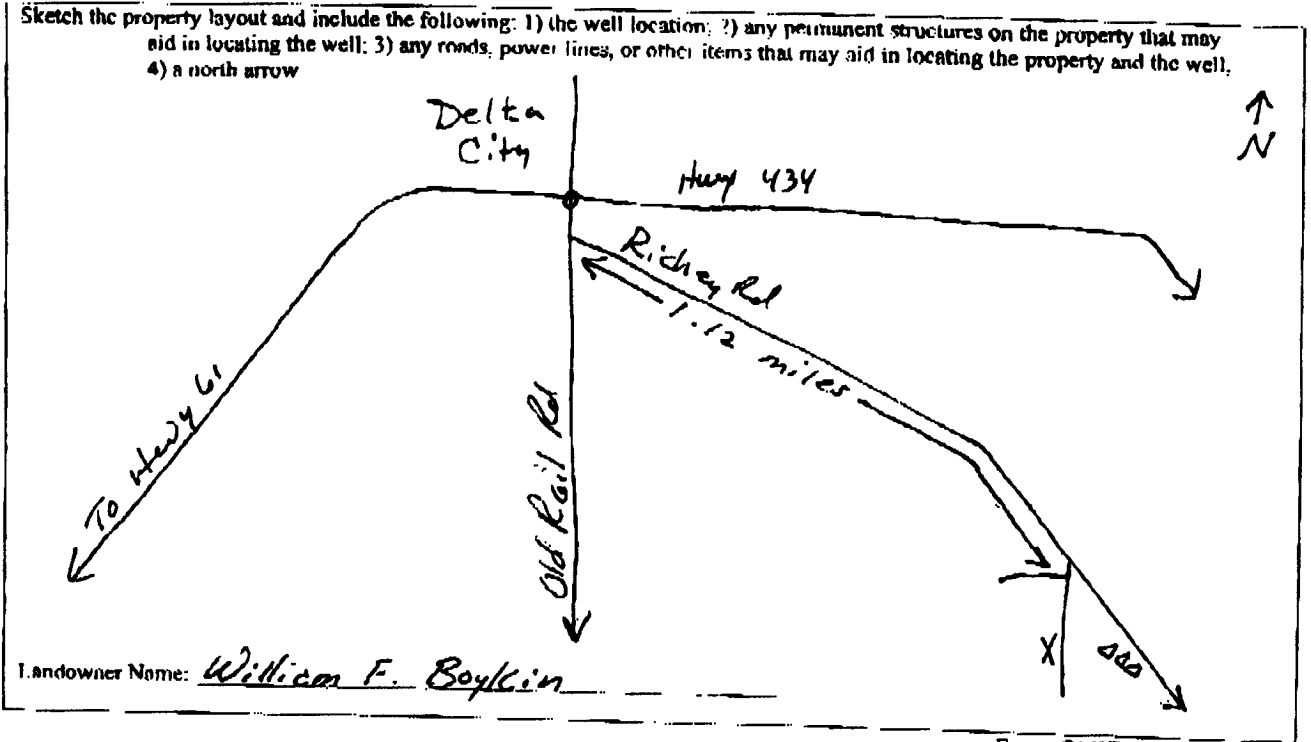
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Medium Sand & pea gravel	20	28
Medium/Coarse & pea gravel	28	39
Medium Sand & pea gravel	39	78
Medium/Coarse Sand & pea gravel	78	83
Medium Sand & pea gravel	83	101
Medium/Coarse Sand & pea gravel	101	125

If more than one screen, show location of each on sketch



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 1-10-12
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 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: Sharkey
 Permit #: GW-44824
 Driller: John Rybolt
 Date completed: 1-6-12
 Copy information from black on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A 201
 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: Sycor Farms
 Mailing Address: P.O. Box 118
Delta City MS 39061
 City State Zip Code
 Telephone No. (662) 907-1389

Well Location
 Latitude N33° 03' 53.44" Longitude: W90° 46' 39.75"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ ° _____ ' _____ " Sec: 14 T 14R 06W
 Distance _____ Direction _____ Nearest Town _____
1.18 Miles SE of Delta City

Pump Type
 Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 1-6-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor PTO

Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 40
 Setting Depth: 80 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 27 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
 Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A 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.

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

Clayton Miller
 Signature of Pump Installer