

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(801)961- 5210
(801)961- 5228 (fax)

County: Shreveport
Permit #: GW-46426 J
Driller: Clarence McMurtry
Date drilling completed: 7-1-12

For Office Use Only:
Aquifer: _____
Well #: A216
L. S. Elevation: _____
F-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.

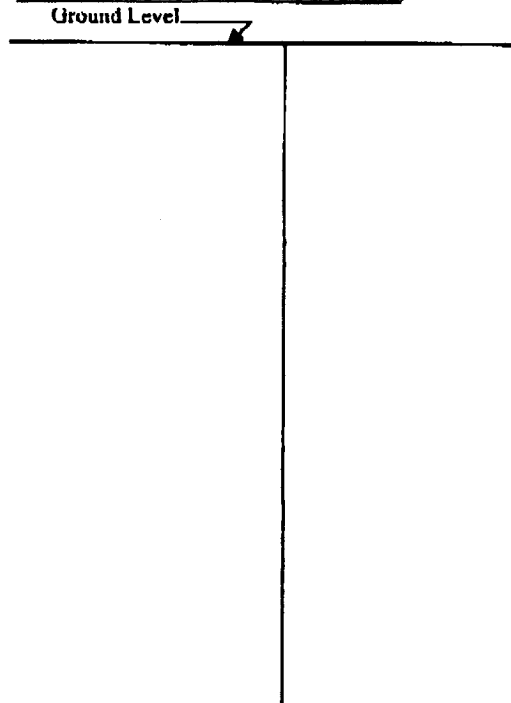
<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Sysco Farms</u> Mailing Address: <u>P.O. Box 118</u> <u>Delta City MS 39061</u> City State Zip Code Telephone No. <u>(662) 907-9681</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 00' 56"</u> Longitude: <u>90° 16' 13"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-field GPS Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 36 Twn 14N Rng 06W</u> Distance Direction Nearest Town <u>4.25</u> Miles <u>S</u> of <u>Delta City</u> <u>#1632</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>7-1-12</u> Date drilling completed: <u>7-1-12</u> Hole depth: <u>135'</u> Hole diameter: <u>26"</u> Location of the source of any surface water used for drilling: <u>Merby Well</u> 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 <input checked="" type="checkbox"/> 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></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> 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: _____ Method of Measurement (circle one) steel tape electric tape air line other: _____ Well depth: <u>135'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>87'</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>48</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>135</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of tap pipe or reduction in casing: <u>n/a</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

A216

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	33
Clay & fine sand	33	41
Medium Sand & pea gravel	41	62
Coarse Sand & pea gravel	62	80
Fine sand	80	86
Clay & gravel	86	89
Medium coarse sand & gravel	89	115
Coarse sand & gravel	115	135

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: Syco 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 7-16-12 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)

For Office Use Only:

Aquifer: _____

Well #: A216

Elevation _____

County: Shankoy

Permit #: AW-46426

Driller: John Rybolt IV

Date completed: 7-2-12

Copy information from block on Part 1

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: Sysco Farms

Mailing Address: P.O. Box 118

Delta City, MS 39061
City State Zip Code

Telephone No. (662) 907-9681

Well Location

Latitude: N33° 00' 56" Longitude: W 90° 46' 13"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec 36 T. 14N R. 06W

Distance _____ Direction _____ Nearest Town _____
4.25 Miles S of Delta City

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-2-12

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): Gear Drive

Horse Power Rating of Motor: 60

Setting Depth: 50 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: 07-25-12

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): _____ 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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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