REALTH FARMS	
County: $5harkey$ Permit #: $6W-47753$ Driller: $5.Newcome 0.773$ Date drilling completed: $2.24.14$ STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	For Office Use Only: Well #:
(Landowner if borehole is not for a water well) Owner Name: Reality Farms Mailing Address: P.O. Box 273 Stavenuulls May 3876	n borehole. hole Location gitude: WO9D'52'27''
Well / Borehole Data Date drilling completed: 2.24.14 Hole depth: 122 Location of the source of any surface water used for drilling: CREEK Method of dosing and volume of Chlorine used in drilling and development: CHLORIN Logs run (circle all applicable): No tog run Electric Gamma Ray Density Sonic Neutro Name of organization running log(s):	an Other:
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Other (describe):	Fish Culture d: theat Cement Bentonite Mix casing: P.V.C. screen: P.V.C. bo 120_feet
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next pa	nge Form: OLWR-SWR-1A (4/13

County:	
Permit #:	

For Office	Use	Only:
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Well #: ____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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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 SOIL Ground level 10 CLAY 58 Med SAND В D MED/COASE, SAND 67 85 COARSE SAND PUBLE STRIF C 17,0

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

Sketch the property layout and include the following:

1) the well location

16" CASING

2) any permanent structures on the property that may aid in locating the well3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow

SEE	MAP
	1.11

Landowner Name:

I HEREBY 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. ヽ

	2.24.2014	John bure
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		Form: OLWR-SWR-1A (4/13)

STATE WELL REP	ORT		
Part 2	For Office Use Only:		
Pumn Installer's Complet	ion Report		
Permit #: 100 Alississioni Department of Environ	mental Quality Well #:		
Driller: <u>5. Newcome 0713</u> Office of Land and Water R P.O. Box 2309	1		
Date completed: 2.24.14 Jackson, MS 39225-23	09 Aquifer:		
<u>Copy information from block on Part 1</u> (601)961-5210 (601) 360-0535 (fax			
This part of the report must be completed by a licensed water well contractor of the report must be attached and both parts filed with the Department at the	- or a licensed nump installer. A copy of Part 1		
Well Owner Information	Well Looderon		
Owner Name: Reality Farms Latitude: N	33°04'46Longitude: <u>95'52'27</u>		
Mailing Address: P.O. Box 273 Method of La	t/Long (check one): Conventional Survey,		
LISGS quad	, Hand-held GPS, Survey-grade GPS		
1 - 11- MS 20076 NW 1/4	NW 1/4, Sec 12 T_14W R_7W		
Stoneville MS 30776 NW 4 City State Zip Code 10 4	N of Purtherburg		
Telephone No. () (Distance)	NW 14, Sec 12 T 16W R 7W les N of Pantherburn (Direction) (Nearest Town)		
Pump Type (circle one			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston			
Date Pump Installed: <u>2.25.14</u> Rated Pump C	apacity: 2000 Gallons Per Minute		
Is This Pump (circle one): New Repaired Replacement			
Is This Pump (circle one): (New Skepaneu Reputcinche Power Type (circle on	e)		
Discol Catoline Natural Gas Tractor PTO Windmill Other	(describe):		
Horse Power Rating of Motor: \underline{SOPP} Setting Depth: $\underline{2OP}$	feet Number of Stages:		
Pump Test Data for Non Flor			
Duration of	Pump Test (minimum 4 hours): hours		
	Water Level (B): Feet Below Land Surface		
	Pumping Rate:Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric tape Air line	Other (describe):		
Pump Test Data for Flowi	ng Well		
Measured shut in head:feet. N.L. Treste			
	afterhours of pumping		
Well yielded GPM with a drawdown of reet dred			
	er Serial Number: <u>14-01755</u>		
Meter Model Number/Name: <u>M0308</u> Typ	e of Meter: propelle (
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc			
Installation Date: 2-25.14 Meter installed by:	+ Inightion		
Is This Meter (circle one): New Repaired Replacement	V		
Important: By submitting the above information you are certifying that For agricultural wells, a list of approved meter	t this meter was installed to manufacturer standards. rs is on the MDEQ website.		
I HEREBY CERTIFY that the above statements are true to the best of m			
ILLI CALL TUD ILL	n/ 1/10-6-4		
Print Name of Pump Installer and License No. (if applicable) Date	Signature of Pump Installer		
I Print Name of Pump installer and License No. (If applicable) Uate	Form: OLWR-SWR-1B (4/1		

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