County: Shalkey Permit #: 6W-48089
Driller: 1. NEWCOME 0.773
Date drilling completed: 5-2-2014

Well Owner Information

(Landowner if borehole is not for a water well)

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)

	Nomaten
For C	Office Use Only:
Well #:	B160
Aquifer:	
E-Log #:	

Form: OLWR-SWR-1A (4/13)

Well or Borehole Location

Latitude: 33 00 47" Longitude: 690 42 48

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.

Owner Name: C+ 15mith Farm, Inc	Latitude: 55 CO 11 Longitude: C 10 42 40			
Mailing Address: P.O. Box 534	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Anguilla M6 38721 City State Zip Code	NW 15 E 14, Sec 33 VT 14NV R 050			
City O State Zip Code	E Miles E of ANGUILLA			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / Bo	orehole Data			
Date drilling started: 5214 Date drilling completed:	5.214 Hole depth: 122 Hole diameter: 20			
Location of the source of any surface water used for drilling	g: PAYU			
Method of dosing and volume of Chlorine used in drilling ar	nd development: CHWRINE TABLETS			
Logs run (circle all applicable): No log rup Electric Gamm	na Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet [above or below] land surface Date measured:				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: \(\sum \) Well grouted to a depth of: \(\sum \) feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 60 feet Casing diameter: 10 inches Type of casing: 10				
Screen length: 40 feet Screen diameter: 10 inches Type of screen: ?.V.(
Screen slot size: . 050 inches Setting depth: From 60 feet to 120 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page				

Andower Name: 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 Fernical Quality and the Mississippi Department of Fernical Quality and the Mississippi Department of Fernical Quality and the Mississippi Department of Health regulations, if applicable, and started was a started and successful and success	County: Sharkey Permit #: Gw-48089			Office Use	_
If more than one screen, show location of each on sketch CONDESSINGUESTRUE 10	The sketch below only required for water wells	Description of formations enc	countered n	nust be provided ted by regulation	i for all wells ons
If more than one screen, show location of each on sketch CANKESTANE 170	f well telescopes, show depths on sketch.	n utation of Formations Engage	ntarad	From (denth)	To (depth)
If more than one screen, show location of each on sketch South So			intered		
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JOHN NEWCOME Signature of Licensee	I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir if applicable, and state laws.	1)	n accordan ippi Depar	ce with all app tment of Healt	licable n regulations,
JOHN NEWCOME Signature of Licensee	Turken 6775	45,2,14 Clark	-Al	ca	5
	Print Name of Responsible Licensee and License No.	194	Signatu	re of Licensee	

STATE WELL REPORT

Part 2

Permit #: 6W-48089 Date completed: 5.2

Copy information from block on Part 1

Print Name of Pump Installer and License No. (if applicable)

Pump Installer's Completion Report 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 #:	B160			
Aquifer:				

he 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 D	epartment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: C+J Sm. the Farm, Inc	Latitude: 33 08 47 Longitude: 90 42 48		
Mailing Address: P.O. Box 534	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS_X, Survey-grade GPS		
City O State Zip Code	NW 4 SF 4, Sec 33 T 19N R 05W		
Telephone No. ()	8 Miles (Direction) of H154/12 (Nearest Town)		
	pe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well			
	Rated Pump Capacity: <u> </u>		
Is This Pump (circle one): (New) Repaired Replaceme	i		
Power Ty	rpe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Win	ndmill Other (<i>describe</i>):		
Horse Power Rating of Motor: 10 P Setting Dep	th: 20 feet Number of Stages:		
Pump Test Data	for Non Flowing Well		
Date Well Tested: hours Static Water Level (A) Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):			
Measured shut in head:feet. Of Tested Well yieldedGPM with a drawdown offeet afterhours of pumping			
Meter Installation			
	Meter Serial Number: 14-03586		
Meter Model Number/Name: Mo 304	Type of Meter: Type \left\(\ext{\ell} \)		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):			
Installation Date: $\frac{5/\omega/R}{}$ Meter installed by	Chicot Troisation		
Is This Meter (circle one): (New Repaired Replacement			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are true to	the best of my knowledge.		

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)