

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2300
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Sunflower
 Permit #: GW-46103 ✓
 Driller: Clarence McWherry
 Date drilling completed: 5-18-12

For Office Use Only:
 Aquifer: A 77
 Well #: _____
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Sunflower County Farms, LLC</u> Mailing Address: <u>P.O. Box 632</u> <u>Hernando MS 38632</u> City State Zip Code Telephone No. <u>(662) 2027-7246</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 59' 32"</u> Longitude: <u>90° 35' 38.69"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>N19W NE 1/4 Sec 3 Twn 24N Rng 04W</u> Distance Direction Nearest Town <u>2.07 Miles NW of Pankhunan</u> <u>#1583</u></p>
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Well / Borehole Data

Date drilling started: 5-18-12 Date drilling completed: 5-18-12 Hole depth: 126' Hole diameter: 22"

Location of the source of any surface water used for drilling: nearby well
 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 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 (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 44 feet above or below (circle one) land surface Date measured: 5-19-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 121' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 121 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: N/A feet *If telescoped or more than one screen, describe on next page*

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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 Sunflower
 Permit #: GW-46103
 Driller: Michael Wells
 Date completed: 5-19-12
 Copy information from block on Part 1

For Office Use Only:
 Aquifer _____
 Well # A77
 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	Well Location
Owner Name: <u>Sunflower County Farms, LLC</u>	Latitude: <u>N33° 59' 3.75"</u> Longitude: <u>W90° 25' 39.67"</u>
Mailing Address: <u>P.O. Box 632</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hernando</u> MS <u>38632</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> T <u>24N</u> R <u>04W</u>
Telephone No. <u>(662) 627-7246</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7.05</u> Miles <u>NW</u> of <u>Panola</u>
	<u>81583</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>5-19-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>44</u> Feet Below Land Surface	<u>Electric Measuring Line</u> <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	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 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer