

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 #: E154
 Aquifer: _____
 E-Log #: _____

County: Sanflowee
 Permit #: GW-48366
 Driller: Claresc McMurry
 Date drilling completed: 6-21-14

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>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Malloy Fish Farms</u> Mailing Address: <u>143 Lily Lane</u> <u>Ruleville</u> <u>MS</u> <u>38771</u> City State Zip Code Telephone No. <u>(662) 721-7370</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33°43'51"</u> Longitude: <u>90°34'12"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>N45</u>^{SW} <u>5W</u> <u>1/4</u>, Sec <u>36</u> T <u>22N</u> R <u>04W</u> <u>1.34</u> Miles <u>West</u> of <u> Hwy 3 in Ruleville</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 6-21-14 Date drilling completed: 6-21-14 Hole depth: 116' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Hauled water from nearby well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): ~~Metric Log~~ Electric Gamma 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: 54 feet (above or below) land surface Date measured: 7-8-14
 (circle one)
 Method of measurement (circle one): Steel tape ~~Electric tape~~ Air line Other (describe): _____
 Well depth: 116 Well grouted to a depth of: 10 feet Type of grout (circle one): ~~Neat Cement~~ Bentonite Mix
 Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 66 feet to 116 feet
 Type of completion (circle all applicable): ~~Gravel packed~~ Underreamed 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

County: Sunflower
 Permit #: GW-48366

For Office Use Only:
 Well #: E15A

The sketch below only required for water wells

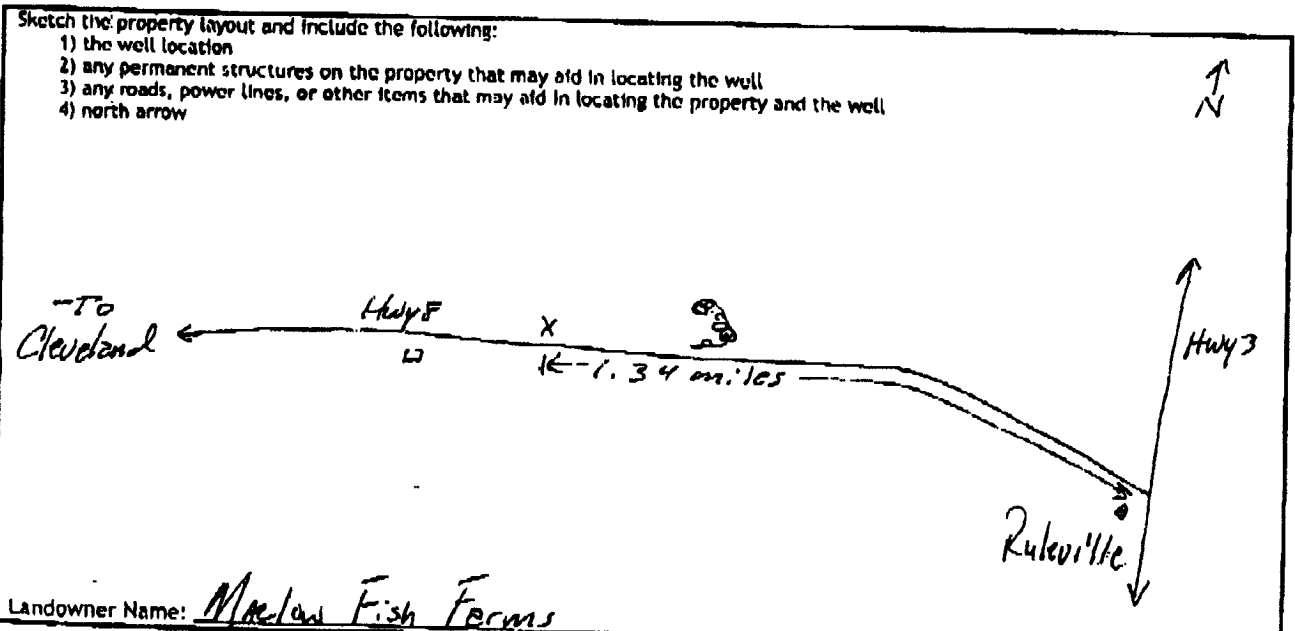
If well telescopes, show depths on sketch

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

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	20
Fine Sand	20	38
Medium Sand & Pea Gravel	38	55
Medium Sand	55	59
Medium/Coarse & Pea Gravel	59	65
Coarse Sand & Pea Gravel	65	72
Medium Sand	72	80
Coarse Sand & Pea Gravel	80	105
Medium/Coarse Sand & Pea Gravel	105	116

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



Landowner Name: Meadow Fish Farms

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.

Clayton Miller 0-703 2-10-14 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: E154
 Aquifer: _____

County: Sunflower
 Permit #: GW-48366
 Driller: John Rybolt IV
 Date completed: 7-8-14
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			Well Location		
Owner Name: <u>Mallow Fish Farms</u>			Latitude: <u>33°43'51"</u> Longitude: <u>90°34'12"</u>		
Mailing Address: <u>143 Lily Lane</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Ruleville</u>	<u>MS</u>	<u>38771</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
City	State	Zip Code	<u>NW 1/4 SW 1/4, Sec 36 T 22N R 01W</u>		
Telephone No. (662) <u>721-7370</u>			<u>1.34</u> Miles <u>west</u> of <u>Hwy 3 in Ruleville</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-8-14 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Gen Drive
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 54 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
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well N/A

Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation N/A

Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 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.

Clayton Miller 0-703 7-10-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer