

JUL-24-2008 12:10 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/4

#874

County: Sunflower
 Permit # _____
 Driller: David Canady
 Date drilling completed: 7-16-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)981- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well # G-140
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mallow Fish Farms</u>	Latitude: <u>33° 43' 06"</u> Longitude: <u>90° 34' 40"</u>
Mailing Address: <u>143 Lilly Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ruleville</u> MS <u>38771</u>	<u>R 1/4 NW 1/4 Sec 2 Twn 21N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 721-7370</u>	Miles of

100 feet

Well / Borehole Data

Date drilling started: 7-16-08 Date drilling completed: 7-16-08 Hole depth: 110' Hole diameter: 20"

Location of the source of any surface water used for drilling: existing 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) N/A

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 7-21-08

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

Well depth: 110' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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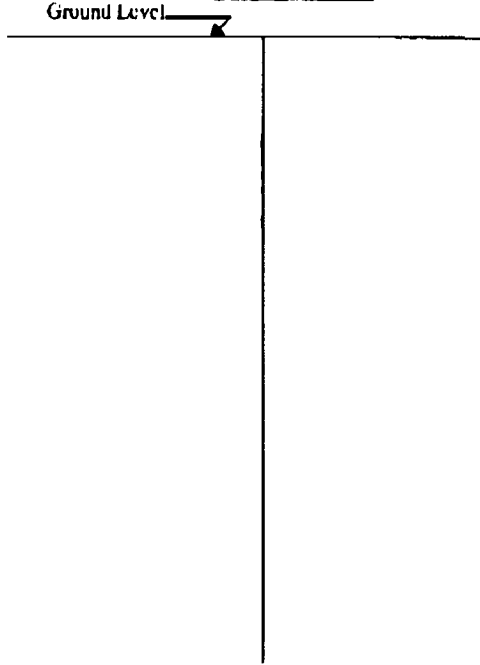
To: 601 360 0535

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G-140

The sketch below only required for water wells.

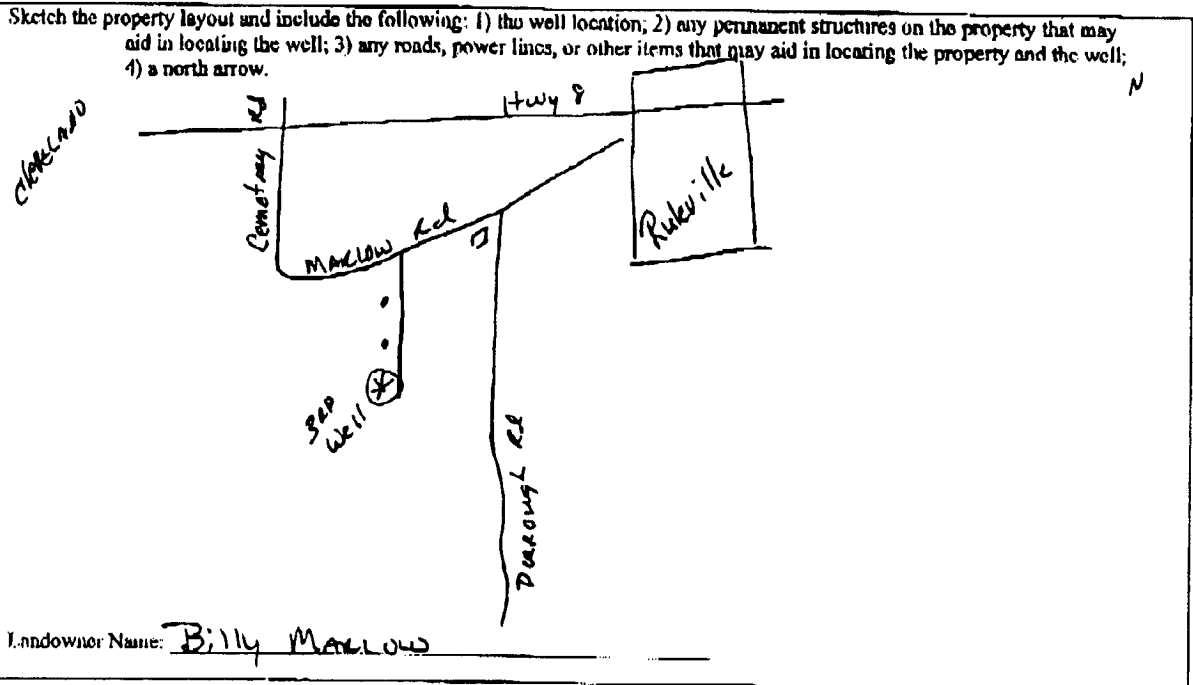
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Clay	15	25
Clay & Fine Sand	25	35
Clay, Medium Sand & Fine Gravel	35	45
Medium Sand & Gravel	45	55
Coarse Gravel & Sand Mix	55	65
Coarse Sand & Gravel	65	75
Coarse Sand & Gravel	75	85
Coarse Sand & Gravel	85	95
Coarse Sand & Gravel	95	105
Coarse Sand, Gravel & Clay	105	110

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



Form: OLWIR-SWR-1A (04/08)

I certify that the well/borchole 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 7-24-08 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: _____
 Driller: John Rybolt IV
 Date completed: 7-21-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer _____
 Well # G-140
 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>Marlow Fish Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>143 Lilly Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ruleville MS 38771</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>21N</u> R <u>4W</u>
Telephone No. <u>(662) 721-7370</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7-21-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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