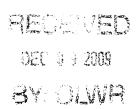
State W	Vell Report			
	Driller's Log	For Office Use Only:		
Mississippi Departmen	nt of Environmental Quality	Aquifer: K 134		
Tamé a de la	Office of Land and Water Resources P.O. Box 2309			
Jackson	n, MS 39225	Well #:		
	961- 5210 1. 5338 (fox)	L. S. Elevation:		
	1- 5228 (fax)	E-log #:		
State Law 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 comp	pletion of drilling of the well	or borehole.		
(Landowner if borehole is not for a water well)				
Owner Name C+M Land Co. LLC	i .	" Longitude 10 • 35 · 18 "		
Mailing Address: $P.D.Bo + 708$	Method of Lat/Long (circle on	•		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Indianola Ms. 38751 City State Zip Code	NW 4 NW 4 Sec 2			
City State Zip Code	Distance Direction Miles	Nearest Town		
Telephone No. (662) 887-2555		of <u>Blaine</u>		
Well / Bore	hole Data			
Date drilling started: 11-20-09 Date drilling completed: 11-20		Holo diamatam 244		
		Hole diameter:		
Location of the source of any surface water used for drilling: Surface water Method of dosing and volume of Chlorine used in drilling and development: 50 ppm				
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 X 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:feet above of below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 87 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 88 feet to 127 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:feet. If telescoped or more than one screen, describe on next page				
				

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



BY OWN

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

If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered From	(depth) To (depti
		and Level 28
, _	Fine Sand + Gravel	29 49
W4362	Medium Sand + Gravel	50 12
}		
		
•		-
1		
		
1		
l		
If more than one screen, show location of each on sketc	ch ch	
4) a north arrow.	nes, or other items that may aid in locating the property and	ad the well;
4) a north arrow.		ad the well;
4) a north arrow.	mpany	
downer Name: C+M Land Co	mpanyForm: OLWF	R-SWR-1A (04/08)
downer Name: $C + M Land Co$	Form: OLWF	R-SWR-1A (04/08) ments of the
downer Name: $C + M Land Co$	Form: OLWF	R-SWR-1A (04/08) ments of the
downer Name: $C + M Land Co$	mpanyForm: OLWF	R-SWR-1A (04/08) ments of the
downer Name: C+M Land Co ify that the well/borehole was drilled, constructed, an ssippi Department of Environmental Quality and the	Form: OLWF	R-SWR-1A (04/08) ments of the

The sketch below only required for water wells

STATE WELL REPORT

County: Sun flower

Permit #: 604362

Irrigation Equipment
Driller:

Date completed: 11-20-09

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

Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:	K134	
Well #:	<u></u>	
Elevation:		

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 Latitude: Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad __, Hand-held GPS___, Survey-grade GPS___ NW 4 NW 4 Sec 2 TZONR 4W Distance Direction Telephone No. 662 887-2555 3 Miles W of Blaine **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible iesel Engine Gasoline Engine **Natural Gas** Bucket Piston Turbine T Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 80 Setting Depth: feet Rated Pump Capacity: 2300 ± Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____Feet Below Land Surface Other (specify): __ Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: ____ Test Pumping Rate: ______Gallons Per Minute Well yielded _____ GPM with a drawdown of

I HEREBY CERTIFY that the above statements are true to the best of r	my knowledge.
John P. Chism 0439	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B (04/08)

Duration of Pump Test (minimum 4 hours): _____hours

Note: Pump information provided, has not been installed because of weather conditions.

feet after hours of pumping