

County: Sunflower  
 Permit #: GW-43668  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 3-27-2010

**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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: M 133  
 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><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)          Billups North Plantation, LLC          Owner Name _____          Mailing Address: <u>405 Park Ave, Suite 901</u>          _____  <u>New York NY 10022</u>          City State Zip Code  <u>212-826-9400</u>          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>33.29.20</u> " Longitude: <u>90.42.10</u> "          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          NW <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> Sec <u>22</u> Twn <u>19N</u> Rng <u>5W</u>          Distance Direction Nearest Town          _____ Miles _____ of <u>Indianola</u></p>
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**Well / Borehole Data**  
 Date drilling started: 3-27 Date drilling completed: 3-27 Hole depth: 127 Hole diameter: 24"  
 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  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 or 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)

Contact Person: David Fisher/662-686-7807

Note: Pump information is provided, pump has not been installed because of landforming.

M133

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	23
Fine Sand	24	33
Fine Sand/gravel	34	58
Med. Sand/gravel	59	127

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Billups North Plantation

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

I 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.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

County: Sunflower  
 Permit #: GW43668  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 3-27-2010  
*Copy information from block on Part 1*

# 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)

**For Office Use Only:**  
 Aquifer: M133  
 Well #: \_\_\_\_\_  
 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>Billups North Plantation LLC</u> Mailing Address: <u>405 Park Ave, Suite 901</u> <u>New York NY 10022</u> City State Zip Code <u>212-826-9400</u> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 NE 1/4 Sec 22 T 19N R 5W</u> Distance _____ Miles Direction _____ Nearest Town _____ _____ of <u>Indianola</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____ Bucket _____ Piston _____ <u>Turbine</u> _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>2500±</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: _____ 60 _____ Setting Depth: _____ 70 _____ feet Number of Stages: _____ 1 _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ 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 Duration of Pump Test (minimum 4 hours): _____ hours	Air Line _____ Electric Measuring Line _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet 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.  
Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer