

County: Sunflower
 Permit #: GW-43570
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-7-11

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:
 Well #: 7-216
 L. S. Elevation:
 B-log #:

John Hancock Insurance

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)
 Northern Agricultural LLC
 Owner Name
 1803 Woodfield Drive ste B
 Mailing Address:
 Savoy IL 61874
 City State Zip Code
 217-356-5518
 Telephone No. ()

Well or Borehole Location
 Latitude: 33° 28' 35.1" Longitude: 90° 30' 28.2"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
se 1/4 se 1/4 Sec 28 Twn 19N Rng 3W
 Distance Direction Nearest Town
1 Miles N of Meerhead

Well / Borehole Data
 Date drilling started: 7-7-11 Date drilling completed: 7-7-11 Hole depth: 122 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: -49' feet above or below (circle one) land surface Date measured: 7-8-2011
 Method of Measurement (circle one) steel tape electric tape air line other:
 Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 82 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 83 feet to 122 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*

If well telescopes, show depths on sketch.
Ground Level_____

[illegible]

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:

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

Patrick M. Chism 0695

Signature of Licensee

County: Sunflower
Permit #: GW 43570
Irrigation Equipment
Driller: _____
Date completed: 7-7-11
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: _____

Well #: 5216

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>Northern Agricultural LLC</u>	Latitude: <u>33-28-35</u> Longitude: <u>90-40-28</u>
Mailing Address: <u>1803 Woodfield Drive, ste B</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Savoy IL 61874</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>se</u> <u>se</u> $\frac{1}{4}$ Sec <u>28</u> T <u>19N</u> R <u>3W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Meerhead</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-8-2011</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	Number of Stages: <u>2</u>

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	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Form: OLWR-SWR-1C (07-09)