

County: Sunflower
 Permit #: GW-45535 /
Irrigation Equipment
 Driller: _____
 Date drilling completed: 11-7-2011

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: R 239
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Anderson Planting Co.</u> Mailing Address: <u>550 Three Mile Lake Rd</u> <u>Inverness MS 38753</u> City State Zip Code <u>662-265-5437</u> Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33.22, 32.2</u> Longitude: <u>90.32 53.2</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 31</u> Twn <u>17N</u> Rng <u>18W</u> 3W Distance Direction Nearest Town _____ Miles _____ of <u>Inverness</u></p>
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Well / Borehole Data

Date drilling started: 11-7-11 Date drilling completed: 11-7-11 Hole depth: 126 Hole diameter: 20"

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: 40' feet above or below (circle one) land surface Date measured: 11-8-11

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

Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 86 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 87 feet to 126 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*

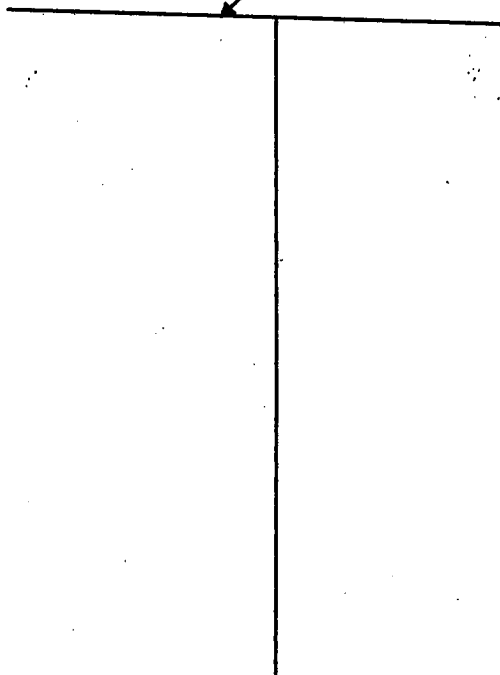
Form: OLWR-SWR-1A (04/08)

CAB- 5/2/12

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	22
fine sand	23	38
fine sand/gravel	39	52
Med. sand/gravel	53	126

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.

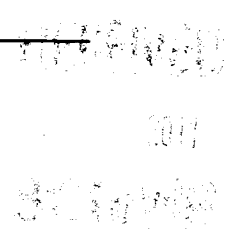
Anderson Planting GW 45535

Landowner Name: _____

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



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 #: GW 45535
Irrigation Equipment
 Driller: _____
 Date completed: 11-7-2011
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R239
 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>Anderson Planting</u> Mailing Address: <u>550 Three Mile Lake Rd</u> _____ <u>Inverness MS 38753</u> City State Zip Code Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>6</u> T <u>17N</u> R <u>3W</u> Distance _____ Miles Direction _____ Nearest Town <u>Inverness</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>11-8-2011</u> Rated Pump Capacity: <u>1600±</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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 _____