

Valley Farms

County: Tallahatchie
 Permit #: 0431
 Driller: Pete's Well Drilling
 Date drilling completed: 1-30-08

Well Driller Report and Well Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 1111
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Valley Farms</u>	Latitude: <u>34° 09' 37"</u> Longitude: <u>90° 05' 36.3"</u>
Mailing Address: <u>David ORR</u> <u>5343 Hwy 35 N</u> <u>Enid, MS 38927</u> City State Zip Code	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>N 11 1/4 NE 1/4 Sec 4 Twn 26N Rng 2E</u>
Telephone No. <u>(662) 647-8620</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-30-08 Date well drilling completed: 1-30-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18 feet above below (circle one) land surface Date measured: 1-30-08

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

Hole depth: 90' Well depth: 90' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 50 feet to 90 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 0431
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

42351

YMD JOINT WATER MANAGEMENT DISTRICT

County: Tallahatchie
6W42351
Driller: Pete's Well Drilling
Date drilling completed: 1-30-08

Well Driller Report and Well Log

Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)354-6938 (fax)

For Office Use Only:

Aspirator: _____
Well #: A-44
L. S. Elevation: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Valley Farms</u>	Latitude: <u>34° 09' 37"</u> Longitude: <u>90° 05' 36"</u>
Mailing Address: <u>David Orr</u> <u>5343 Hwy 35 N</u> <u>Enid, MS 38927</u> City State Zip Code	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>22</u> USGS quad, <u>AMSTAR</u> GPS, Survey-grade GPS
Telephone No. <u>(662) 647-8620</u>	Distance _____ Direction _____ Nearest Town _____ Miles of
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>1-30-08</u> Date well drilling completed: <u>1-30-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18</u> feet above or below (circle one) land surface Date measured: <u>1-30-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>90'</u> Well depth: <u>90'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>50</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>BVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>50</u> feet to <u>90</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 04311
Print Name of Water Well Contractor and License No.

Pete Sappington
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

GW42351

Description of Formations Encountered	From	To
Clay	0	60
Coarse Sand	61	90

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) indicate direction.

The sketch shows a property layout with the following features:
 - A horizontal line representing the 'N Panola/Tallahatchie Co. Line'.
 - A wavy line below it labeled 'DITCH'.
 - A horizontal line below the ditch labeled 'Gravel Road'.
 - A small square structure with a triangle inside labeled 'Driveway' on the gravel road.
 - An asterisk labeled 'Well' on the left side.
 - A vertical line on the right side with a handwritten note 'May 35' and an arrow pointing down to 'Charleston'.
 - A stamp on the right side: 'RECEIVED FEB 28 2008 BY: OLWR'.
 - The letters 'W' on the left and 'E' on the right.
 - 'Landowner Name: David ORTE 5' at the bottom.

[Signature]
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Tallahatchie
 Permit #: OW 42351
 Driller: Pete's Well Drilling
 Date completed: 1-31-08

For Office Use Only:

Aquifer: _____
 Well #: A-44
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: _____	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

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

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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	

BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Pete's Well Drilling 0430
 Print Name of Pump Installer and License No. (if applicable)

Pete Sappington
 Signature of Pump Installer