

Complete
9/13/07

Jackson + Stoneville

State Well Report Part 1 - Driller's 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)

County: Tallahatchie
 Permit #: 42078
 Driller: Youngs Custom Serv
 Date drilling completed: 7/18/07

For Office Use Only:
 Aquifer: _____
 Well #: A53
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Sunny Maple Farms</u>	Latitude: <u>34° 09' 14"</u> Longitude: <u>90° 05' 02"</u>
Mailing Address: <u>P.O. Box 178</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Charleston, MS 38921</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 04 Twn 26 N Rng 02 E</u>
Telephone No. <u>(601) 647-8447</u>	Distance Direction Nearest Town <u>7 Miles EAST of Crowder, MS</u>

Well / Borehole Data

Date drilling started: 7/29/07 Date drilling completed: 8/1/07 Hole depth: 120' Hole diameter: 18"

Location of the source of any surface water used for drilling: Lake

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 25' feet above or below (circle one) land surface Date measured: 7/29/07

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

Well depth: 120 Well grouted to a depth of All feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 120 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

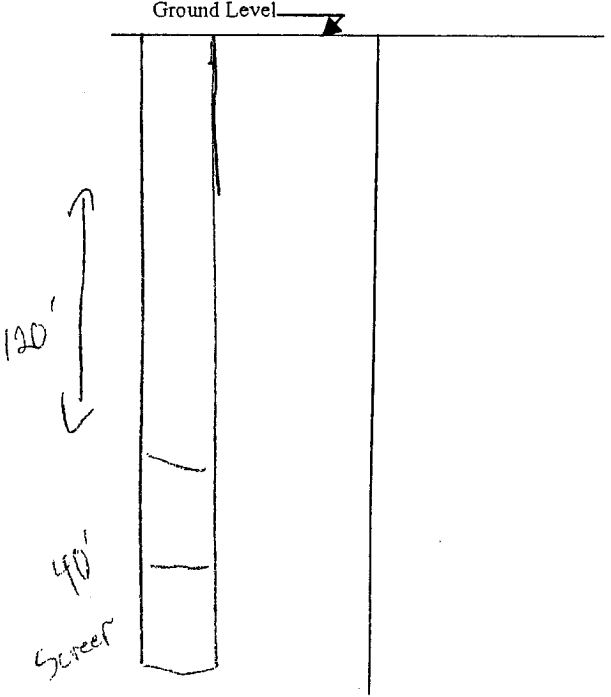
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-14 **RECEIVED**
 JUL 25 2011
 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

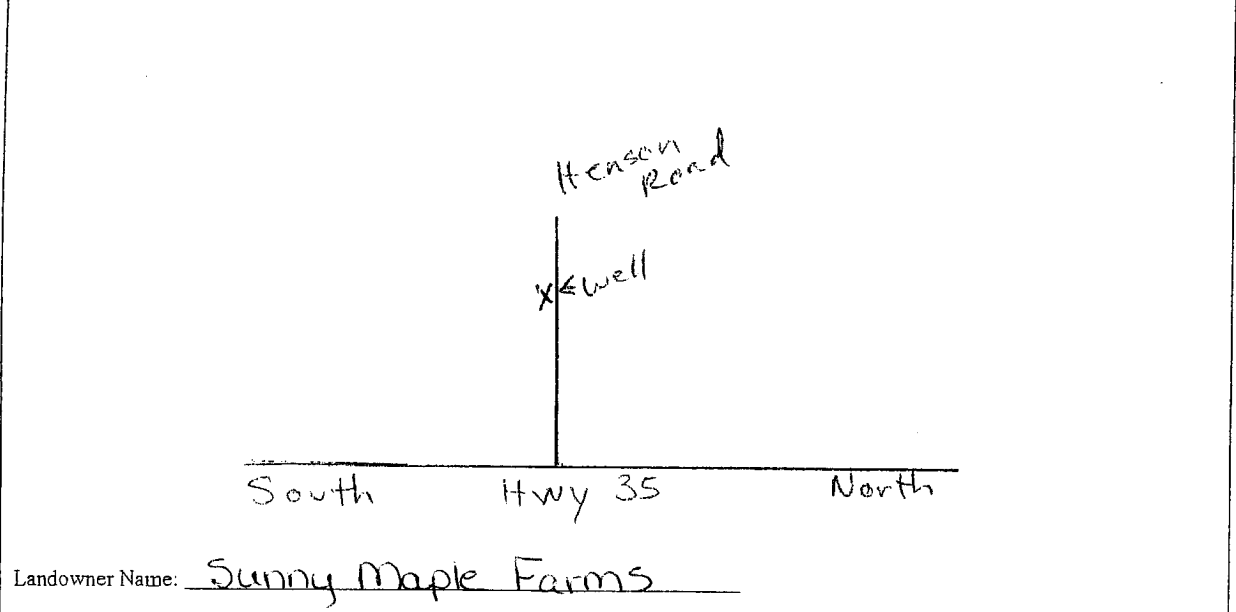
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay/Clay	0	43'
Fine Sand	44	55
Coarse Sand	56	70
Coarse Sand + Gravel	71	120

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.



Form: OLWR-SWR-1A

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.

Toot Turner

7/30/11

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

Part 2

County: Panola Tallahatchie
 Permit #: 0368 42078
 Driller: Will Young
 Date completed: 8/1/07
7/30/07
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: A 53
 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>Sunny Maple Farms</u>	Latitude: <u>34° 09' 14"</u> Longitude: <u>90° 05' 02"</u>
Mailing Address: <u>P.O. Box 178</u> <u>Charleston, MS 38921</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 04 T26N R02E</u>
Telephone No. <u>(662) 647-8447</u>	Distance _____ Direction _____ Nearest Town _____
	<u>10</u> Miles <u>North</u> of <u>Charleston, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 hp</u>
Date Pump Installed: <u>7/30/07</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/30/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>900</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____