

County: Tallahatchie
 Permit #: GW-45474
 Driller: Irrigation Equipment
 Date drilling completed: 10-17-11

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: F 109
 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.

| Information on Well Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|--|
| Owner Name: <u>JHB Corporation</u> | Latitude: <u>34.01.44.7</u> Longitude: <u>90.07.39.5</u> |
| Mailing Address: <u>465 County Road 163</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Oakland</u> <u>Ms.</u> <u>38948</u> | USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 18</u> ✓ Twn <u>25N</u> Rng <u>2E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Charleston</u> |

Well / Borehole Data

Date drilling started: 10-17-11 Date drilling completed: 10-17-11 Hole depth: 116 Hole diameter: 18"

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: 15 feet above of (below) (circle one) land surface Date measured: 10-18-11

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

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 76 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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)

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CBB- 5/2/12

County: Tallahatchie
 Permit #: GW-45474
 Irrigation Equipment
 Driller: _____
 Date completed: 10-17-11
 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 #: F69
 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>JHB Corporation</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>465 County Road 163</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Dakland Ms. 38948</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 18 T25N R2E</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Charleston</u> |

| | |
|---|--|
| Pump Type Circle one Air Lift Jet <input type="checkbox"/> <u>Submersible</u> Bucket Piston _____ Turbine _____ Centrifugal Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>10-18-11</u> Rated Pump Capacity: <u>750+</u> Gallons Per Minute | Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u> |
|---|--|

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: _____ | Circle one Air Line Electric Measuring Line Steel Tape Other (specify): _____ |
| Static Water Level (A): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Pumping Water Level (B): _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | |
| 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

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