

County: Tallahatchie
 Permit #: GW-451051
 Irrigation Equipment
 Date drilling completed: 4-8-11

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: H200
 Well #: _____
 I. 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>SPP LLC</u>	Latitude: <u>33.55.129</u>	Longitude: <u>90.21.385</u>	
Mailing Address: <u>P.O. Box 926</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>		
<u>Aberdeen Ms. 39730</u>	<u>SW 1/4 NW 1/4 Sec 25 T24N R2W</u>		
City State Zip Code	Distance _____ Miles	Direction _____ of	Nearest Town _____
Telephone No. <u>662-369-9531</u>			

Well / Borehole Data

Date drilling started: 4-8-11 Date drilling completed: 4-8-11 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: Replacement

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Scientific Survey _____ Other (describe) _____

If driller 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: 36' feet above or (below) (circle one) land surface Date measured: 4-11-2011

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: 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 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.*

Old Well 12" Steel 20' N

County: Tallahatchie
 Permit #: GW-45105
 Irrigation Equipment
 Date completed: 4-8-11
 Copy information from check 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 #: H200
 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>SPP LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 926</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Aberdeen Ms. 39730</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 25 T24N R 2W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type Circle one Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-11-2011</u> Rated Pump Capacity: _____ Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand _____ Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>
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Pump Test Data	Method of Measuring Water Level
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