

County: Tallahatchie
 Permit #: 60043177
 Driller: Irrigation Equipment
 Date drilling completed: 4/29/09

State Well Report

Part 1

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 #: L-106
 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>Prine Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>202 Milan Lane</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Charleston Ms. 38921</u> City State Zip Code | <u>NE 1/4 NW 1/4 Sec 9 Twn 24N Rng 2 E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2 Miles SW of Charleston</u> |

Well Data

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

Date well drilling started: 4/29/09 Date well drilling completed: 4/29/09

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

Static Water Level: 14 feet above of below (circle one) land surface Date measured: 4/30/09

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

Hole depth: 104 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 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 61 feet to 100 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.

Irrigation Equipment Inc.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor: [Signature]

RECEIVED
 MAY 05 2009
 BY: OLWR

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 #: 66043177
 Irrigation Equipment
 Driller: _____
 Date completed: 4/29/09

For Office Use Only:

Aquifer: _____
 Well #: L-106
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>Prine Farms</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>202 Milan Lane</u> | Method of Lat/Long (circle one): <u>Conventional Survey,</u> |
| <u>Charleston Ms. 38921</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 9 Twn 24N Rng 2E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2 Miles SW of Charleston</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>15</u> |
| Date Pump Installed: <u>4/30/09</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>750 ±</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| 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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)

John P Chism
 Signature of Pump Installer

RECEIVED
 MAY 05 2009
 BY: OLWR