County: Tunica
Permit #: GW-46930
Driller: DeHo Drilling
Date drilling completed: 5-5-14

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: P 13C
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Bobby Leatherman
Mailing Address: PO Box 190
Robinsonville, Ms. 38664
City State Zip Code
Telephone No. (____)

Well or Borehole Location

Latitude: 34° 43 05 Longitude: 90° 23 09 ✓
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____ ✓
SE ¼ SW ¼, Sec 20 T 4S R 11W
1 Miles North of Tunica
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 5-5-14 Date drilling completed: 5-5-14 Hole depth: 105 Hole diameter: 18"
Location of the source of any surface water used for drilling: Fire hydrant ½ mile East
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 (*circle 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

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Purpose of Well (*circle all applicable*): Home Industrial Public Supply (Irrigation) Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 21 feet [above or (below)] land surface (*circle one*) Date measured: 5-5-14
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*):
Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix
Casing length: 65 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: .032 inches Setting depth: From 65 feet to 105 feet
Type of completion (*circle all applicable*): (Gravel packed) Underreamed 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 (4/13)

County: Tunica

Permit #: GW-46930

For Office Use Only:

Well #: D 13C

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

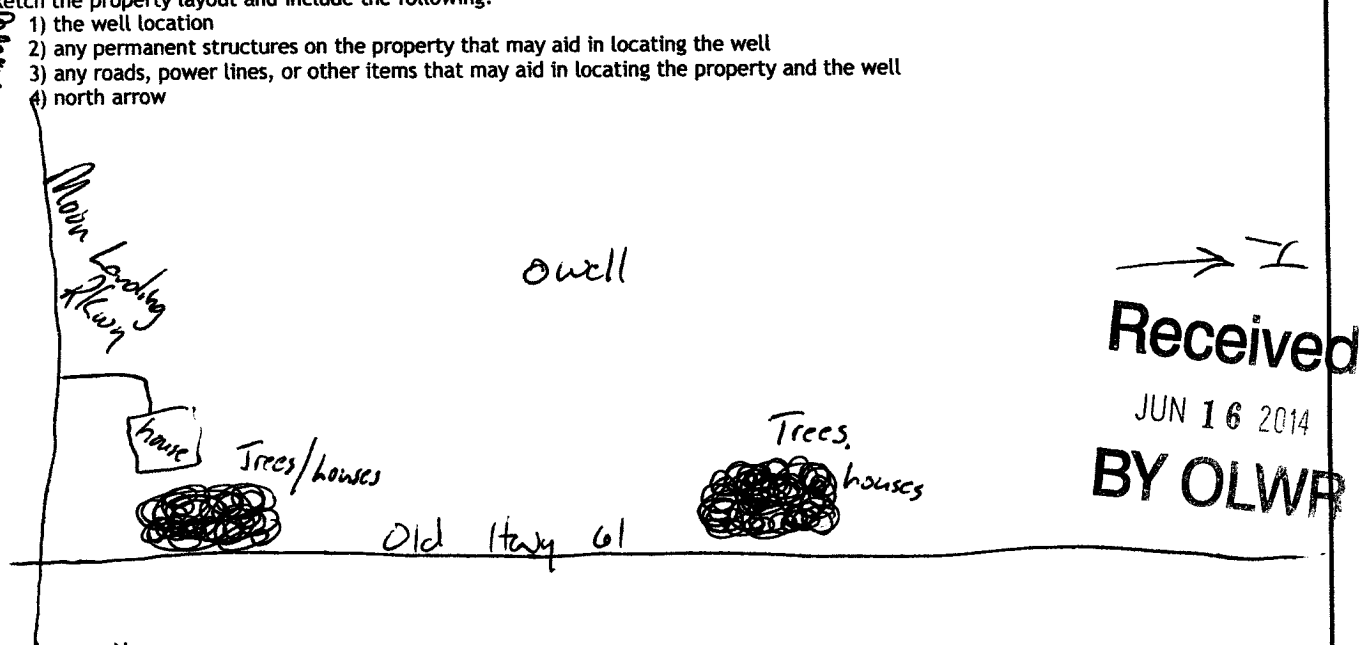
If more than one screen, show location of each on sketch

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)
loamy soil	Ground level	15
fine sand	16	32
coarse sand	33	105

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) north arrow



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Landowner Name: _____

I HEREBY 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.

C. Shockley	2501	5-5-14	C. Shockley
Print Name of Responsible Licensee and License No.		Date	Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: Tunica
Permit #: GW-46930
Driller: Delta Drilling
Date completed: 5-5-14
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: D 130
Aquifer: _____

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

Owner Name: Bobby Leatherman
Mailing Address: PO Box 190
Robinsonville, Ms. 38664
City State Zip Code
Telephone No. (____) _____

Well Location

Latitude: 34° 43 05 Longitude: 90° 23 09
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ SW ¼, Sec 20 T 45 R 11W
1 (Distance) Miles North (Direction) of Tunica (Nearest Town)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: ~~Date~~ 5-5-14 Rated Pump Capacity: 1600 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

Electric (Diesel) Gasoline Natural Gas Tractor PTO Windmill Other (*describe*): _____
Horse Power Rating of Motor: 100 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (*minimum 4 hours*): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 13-05288
Meter Model Number/Name: MO308 Type of Meter: Saddle
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: 5-5-14 Meter installed by: Delta Drilling
Is This Meter (*circle one*): (New) Repaired Replacement

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JUN 16 2014
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Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

C. Shockley 2561 — Print Name of Pump Installer and License No. (*if applicable*)
5-5-14 — Date
C. Shockley — Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)