

APR 1 2010

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)

County: Tunica
 Permit #: _____
 Driller: Delta Drilling of Tunica, Inc
 Date drilling completed: 12-31-09

For Office Use Only:
 Aquifer: 5110
 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>Patrick Johnson</u> | Latitude: <u>N 34° 34' 30" W</u> Longitude: <u>W 90° 26' 29" E</u> |
| Mailing Address: <u>P.O. Box 1298</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Tunica</u> City <u>Ms.</u> State <u>39676</u> Zip Code | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| Telephone No. <u>(662) 357-5025</u> | <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>2</u> Twn <u>6S</u> Rng <u>12W</u> |
| | Distance <u>2.5</u> Miles Direction <u>West</u> of Nearest Town <u>Clayton, Ms.</u> |

Well / Borehole Data

Date drilling started: 12-31-09 Date drilling completed: 12-31-09 Hole depth: 100' Hole diameter: 28"

Location of the source of any surface water used for drilling: Irrigation well about 1/2 mile North

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: 12' feet above or below (circle one) land surface Date measured: 12-31-09

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60' 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 next page*

Form: OLWR-SWR-1A (04/08)

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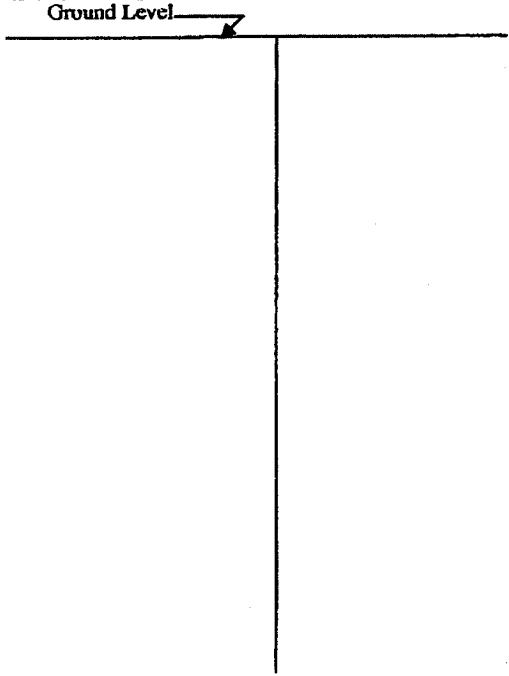
J110

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The sketch below only required for water wells

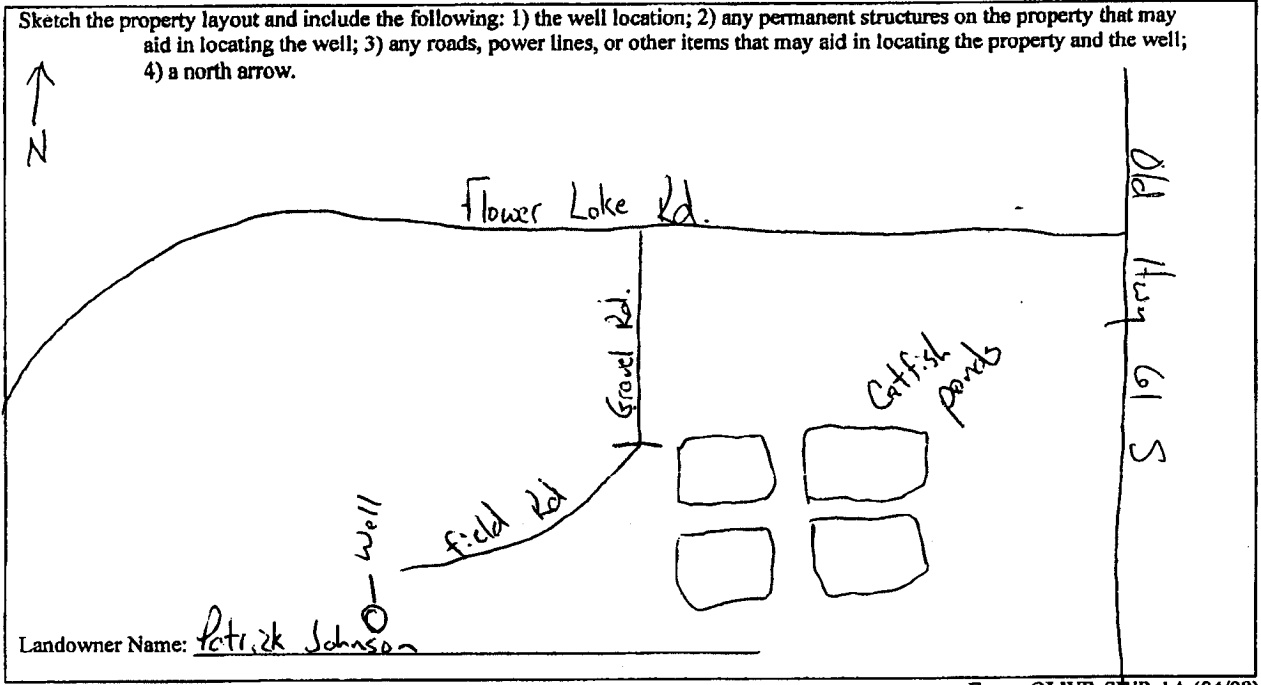
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| loamy soil | Ground Level | 15 |
| Clay | 16 | 21 |
| Coarse sand & gravel form. | 22 | 100 |
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If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

Alan Pyle # 01674 3-29-10 Alan Pyle

Print Name of Responsible Licensee and License No. Date Signature of Licensee

RELEASED
 APR 1, 2010
 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: TUNICA
 Permit #: _____
 Driller: DELTA DRILLING OF
 Date completed: 12-31-09
Copy information from block on Part 1

For Office Use Only:
 Aquifer: J 110
 Well #: _____
 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>MP FARMS</u> | Latitude: <u>34° 35' 30.24"</u> Longitude: <u>90° 26' 5.15"</u> |
| Mailing Address: <u>P.O. Box 2128</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Tunica, MS 38676</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 2 T16S R12W</u> |
| Telephone No. <u>(662) 363-0039</u> | Distance Direction Nearest Town |
| | <u>2 Miles N of MAUD</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>80</u> |
| Date Pump Installed: <u>3-6-2010</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>1700</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>12</u> 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 | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
David P. Holt 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Job 9511