

WALKER Reality Farms

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 #: B-87
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
 Permit #: GW 41712
 Driller: JOHN NEWCOME
 Date drilling completed: 3-20-07

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>REALITY FARMS PR.</u> | Latitude: <u>33° 27' 05"</u> Longitude: <u>90° 57' 02"</u> |
| Mailing Address: <u>PO Box 273</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>STONEVILLE, MS. 38776</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4</u> Sec <u>32</u> Twn <u>19N</u> Rng <u>7W</u> |
| Telephone No: <u>(662) 822-0301</u> | Distance Direction Nearest Town |
| | <u>3</u> Miles <u>NW</u> of <u>LELAND</u> |

Well Data

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

Date well drilling started: 3-20-07 Date well drilling completed: _____

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: PUC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PUC

Screen slot size: 050 inches Setting depth: From 50 feet to 90 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.

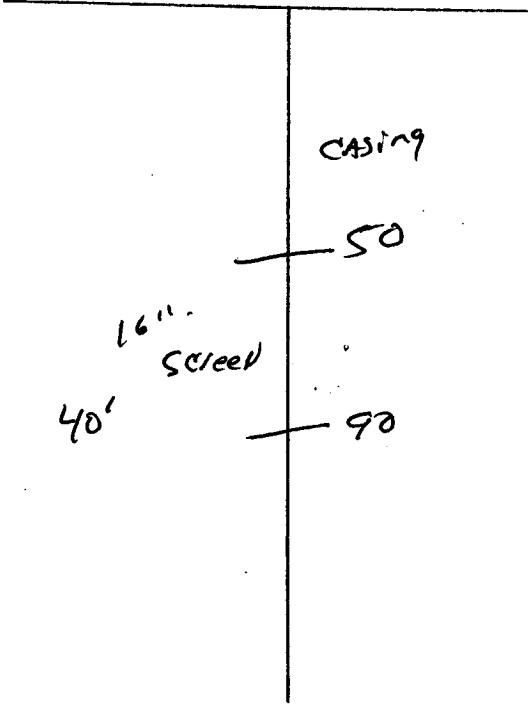
JOHN NEWCOME 0-773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

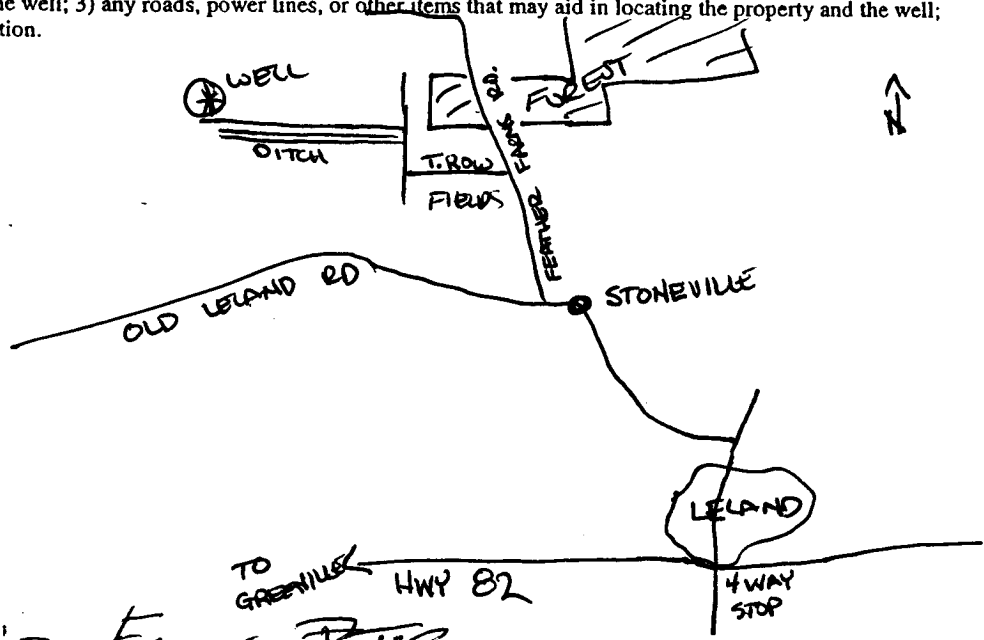
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOP SOIL | 0 | 10 |
| Red CLAY | 10 | 30 |
| FINE SAND | 30 | 45 |
| COARSE SAND-gravel | 45 | 93 |
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If more than one screen, show location of each on sketch

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) indicate direction.



Landowner Name Reality Farm, Peter

J. Dewane

Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: B-87

Elevation: _____

County: WASHINGTON

Permit # OW 41712

Driller: JOHN NEWCOME # 773

Date completed: 3-20-07

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>Reality Farms PIR</u> | Latitude: <u>33-27-05</u> Longitude: <u>090-57-02</u> |
| Mailing Address: <u>PO Box 273</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>STONEVILLE, MS 38776</u> | USGS quad <u>Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 32 Twn 19N Rng 7W</u> |
| Telephone No: <u>602-822-0301</u> | Distance Direction Nearest Town |
| | <u>3</u> Miles <u>NW</u> of <u>LELAND</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>40</u> |
| Date Pump Installed: <u>3-21-07</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1500</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): <u>NOT TEST</u> 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.

GLEN ROWE # 710-P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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