

Reality

State Well Report

Part I

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-92
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 06042849
Driller: J. NEWCOME 0-773
Date drilling completed: 8-21-08

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 P.R.</u>	Latitude: <u>33° 27' 05"</u> Longitude: <u>90° 57' 35"</u>
Mailing Address: <u>PO Box 273</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>STONEVILLE, MS 38776</u>	USGS quad: <u>NE 1/4 SW 1/4 Sec 32 Twn 19N Rng 7W</u>
City State Zip Code	Distance: <u>4.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>LELAND</u>
Telephone No: <u>662-822-0301</u>	

Well Data

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

Date well drilling started: 8-21-08 Date well drilling completed: 8-21-08 66021895

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50-60 feet to 80-100 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.

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

[Signature]
Signature of Water Well Contractor

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SEP 22 2008
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: WASHINGTON
 Permit #: GW42849
 Driller: J. Newcomb 60-773
 Date completed: 8-21-08

For Office Use Only:

Aquifer: _____
 Well #: B-92
 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

Owner Name: Reality Farms Prop
 Mailing Address: PO Box 273
Stonewall, MS 38776
 City State Zip Code
 Telephone No.: 662-822-0301

Well Location

Latitude: 33-27-05 Longitude: 90-57-35
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 32 Twp 19N Rng 7W
 Distance Direction Nearest Town
4.5 Miles NW of Leland

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-22-08
 Rated Pump Capacity: 3000 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 600
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): NOT TESTED Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of
 _____ feet after _____ hours of pumping

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

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

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