

County: Washington
 Permit #: GW 43492 ✓
Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-9-2010

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)

For Office Use Only:

Aquifer: B 94
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>H L Merideth</u></p> <p>Mailing Address: <u>2080 Hwy 1 South</u></p> <p align="center"><u>Greenville MS 38701</u></p> <p>City State Zip Code</p> <p>Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33 31 19.3</u> Longitude: <u>90 55 39.8</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad: <u>Hand-held GPS, Survey-grade GPS</u></p> <p><u>NW 15E</u> 1/4 Sec <u>4</u> 1/4 Twn <u>19N</u> 1/4 Rng <u>7W</u></p> <p>Distance Direction Nearest Town _____ Miles _____ of <u>Metcalf</u></p>
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Well / Borehole Data

Date drilling started: 6-9-2010 Date drilling completed: 6-9 Hole depth: 104 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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^X 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^X _____ Fish Culture _____ Other: _____

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

Static Water Level: 25 feet above of below (circle one) land surface Date measured: 6-11-2010

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

Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .050 inches Setting depth: From 64 feet to 100 104 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)

Farmer: T & R Richard
 662-402-3244

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County: Washington
 Permit #: GW 43492
Irrigation Equipment
 Date completed: 6-9-2010
Copy information from block on Part 1

STATE WELL REPORT
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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Acquifer: B94
 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.

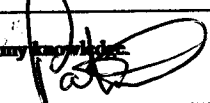
Well Owner Information	Well Location
Owner Name: <u>H L Merideth</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2080 Hwy 1 South</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Greenville MS 38701</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> _____ <u>1/4</u> Sec <u>4</u> T <u>19N</u> R <u>7W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles of <u>Metcalfe</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-11-2010</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2100±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) 
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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 BY: OLWR