

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 #: E194
 L. S. Elevation: _____
 E-log #: _____

County: Washington
 Permit #: 542
 Driller: James Hagger
 Date drilling completed: 6/4/09

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

Owner Name: Reality Farms
 Mailing Address: PO Box 273
Stoneyville
~~Stoneyville~~ MS 38776
 City State Zip Code
 Telephone No. (602) 822-0301

Well Location N 33° 24' 02" W 90° 54' 56" E
 Latitude: ~~33° 24' 02" N~~ Longitude: ~~90° 54' 56" W~~
33° 24' 02" N 90° 54' 56" W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad: Hand-held GPS Survey-grade GPS
NW 1/4 NE 1/4 Sec 21 Twn 18N Rng 7W
 Distance Direction Nearest Town
1 Miles W of Leland

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 6/4/09 Date well drilling completed: 6/4/09
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6/4/09
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 124 Well depth: 121 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 81 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 _____ feet to _____ 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.

JAMES HAGGER 0-542
 Print Name of Water Well Contractor and License No.

James Hagger
 Signature of Water Well Contractor

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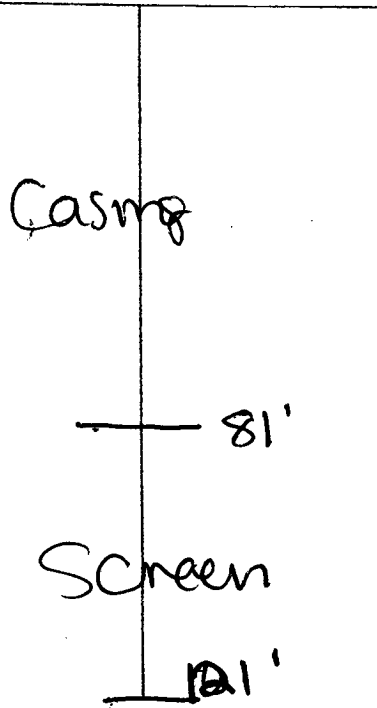
JUL 15 2009

BY: OLWR

E194

If well telescopes please sketch below and show depths.

Ground Level



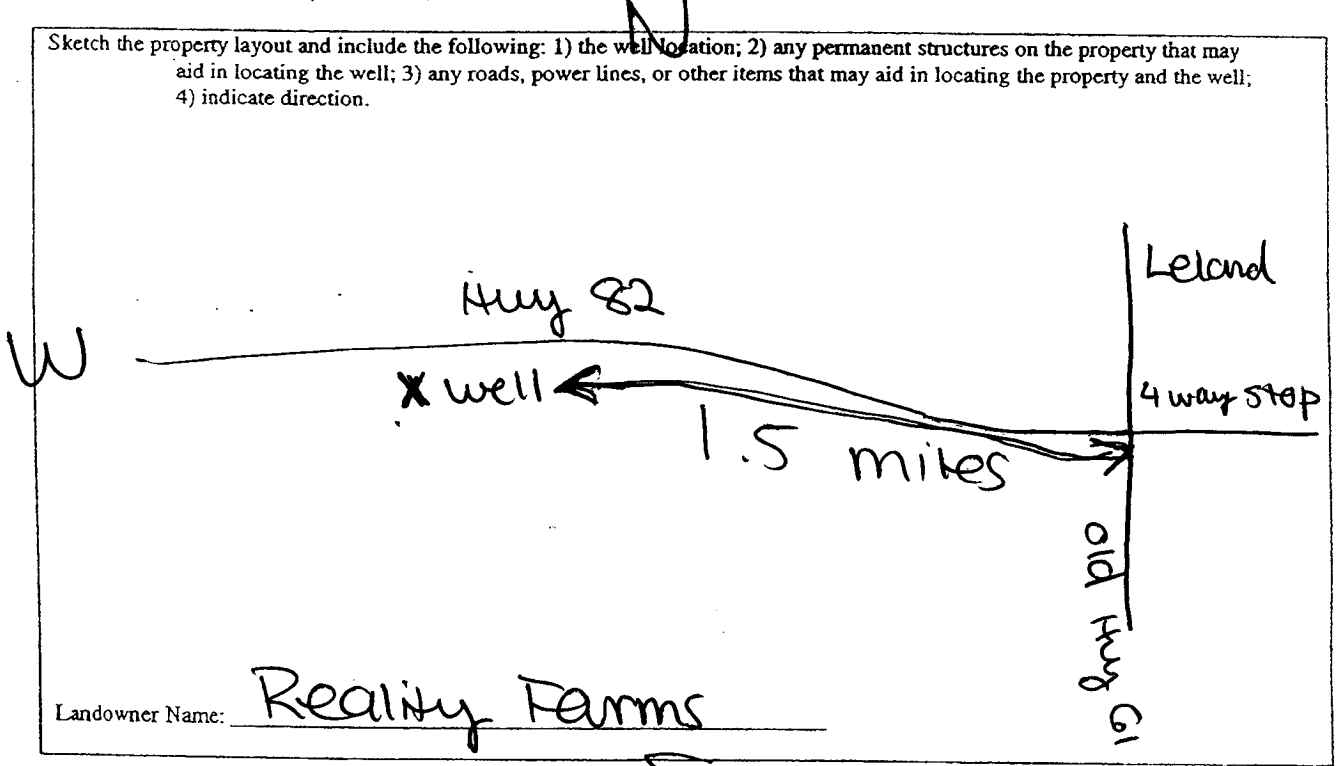
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Mix clay	0	21
Fine sand	21	50
medium sand	50	90
Fine sand	90	100
Coarse mix	100	121

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.



Signature of Water Well Contractor
James Higgin

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 #: E194
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: J. Hagger
 Date completed: 6/4/09

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</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 273</u>	<u>N 33° 24' 02"</u> <u>W 90° 54' 56"</u>
<u>Stoneville MS 38716</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>905542</u>
City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(602) 822-0301</u>	<u>NW 1/4 NE 1/4 Sec 21 Twn 18N Rng 7W</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Lebold</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>50</u>
Date Pump Installed: <u>6/4/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800</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): _____
<u>NOT TESTED</u> 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.

Cony Rowe 0-711P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 JUL 15 2009
 BY: OLWR