

Southern Cross

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:

County: WASHINGTON
Permit #: _____
Driller: J. NEWCOME 0-773
Date drilling completed: 5-21-09

Aquifer: _____
Well #: J 93
L. S. Elevation: _____
E-log #: _____

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>Southern Cross Farming Co.</u>	Latitude: <u>33° 19' 36"</u> Longitude: <u>90° 47' 17"</u>
Mailing Address: <u>% Charles Fuller</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>1427 S. Main, Suite 135</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenville, MS 38701</u>	SE 1/4 SW 1/4 Sec <u>A</u> Twn <u>11N</u> Rng <u>6W</u>
City State Zip Code	NW NE Distance Direction Nearest Town
Telephone No. ()	<u>6</u> Miles <u>SE</u> of <u>LELAND</u>

Well Data

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

Date well drilling started: 5-21-09 Date well drilling completed: 5-21-09

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: 113 Well depth: 110 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: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60-80 feet to 90-110 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.

John Newcome
Signature of Water Well Contractor

RECEIVED

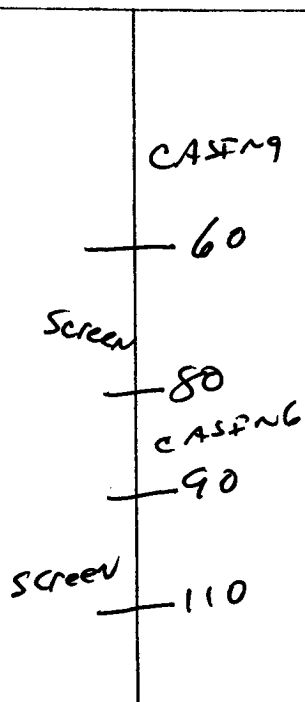
JUL 08 2009

BY: OLWR

J93

If well telescopes please sketch below and show depths.

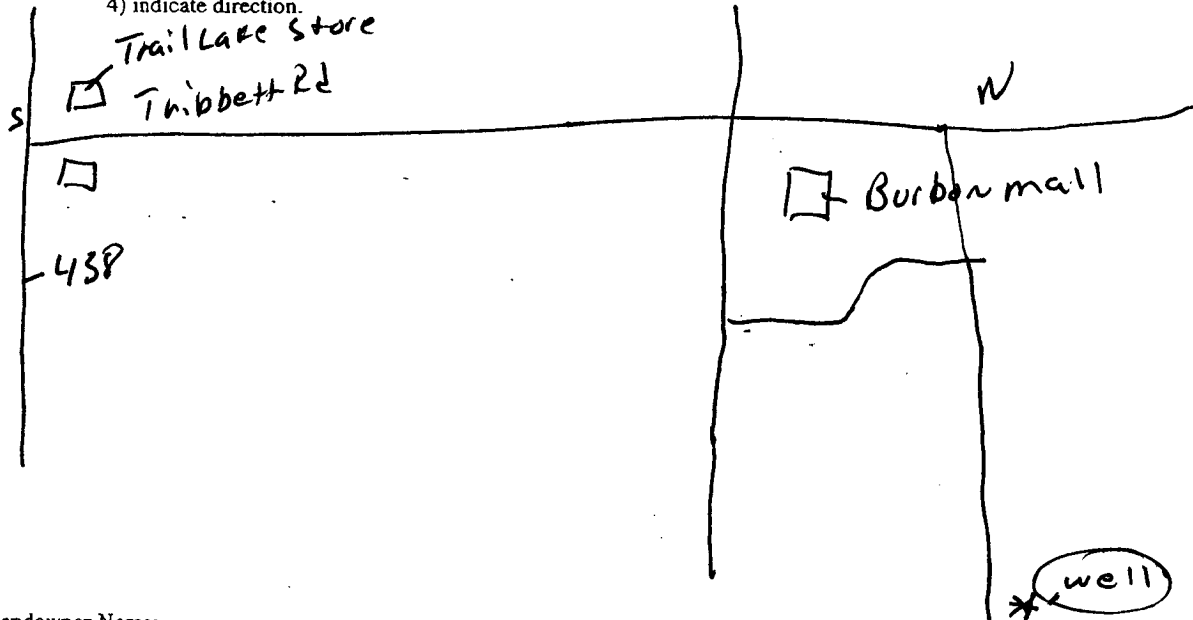
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
Mix CLAY	10	30
Fine Sand	30	50
COARSE Sand	50	80
Fine Sand	80	90
Gravel - COARSE Sand	90	110
Fine Sand CLAY mix	110	113

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: _____

John Newcomer
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)

County: Washington

Permit #: _____

Driller: S. Newcome 0-773

Date completed: 5-21-09

For Office Use Only:

Aquifer: _____

Well #: J93

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: Southern Cross Farming Co.

Mailing Address: % Charles Fuller
1427 S. Main, Suite 135
Greenville, MS 38701
City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: 33°19'36" Longitude: 90°47'17"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SW 1/4 Sec 14 Twn 17N Rng 6W

NW NE
Distance Direction

Nearest Town

6 Miles SE of Leland

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5-23-09

Rated Pump Capacity: 2800 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: 60

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): _____ 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.

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

[Signature]
Signature of Pump Installer

RECEIVED

JUL 08 2009

BY: OLWR