Co-Co #2

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)

County: WASHINGTON
Permit #: GW44371
Driller: J. NEWCOME 0-773
Date drilling completed: 6-16-10

For Office Use Only:
Aquifer: K 144
Well #:
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

Owner Name: Loco Planting Co.
Mailing Address: PO Box 143
Avon, MS 38723
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 33 · 14 · 04" Longitude: 91 · 00 · 07"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS ✓
NW ¼ NW ¼ Sec 18 ✓ Twn 16N ✓ Rng 8W
Distance NE Miles Direction 2.5 of Nearest Town ~~Valley Side~~ AVON

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 6-16-10 Date well drilling completed: 6-16-10
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: 70 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 65-75 feet to 80-90 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.

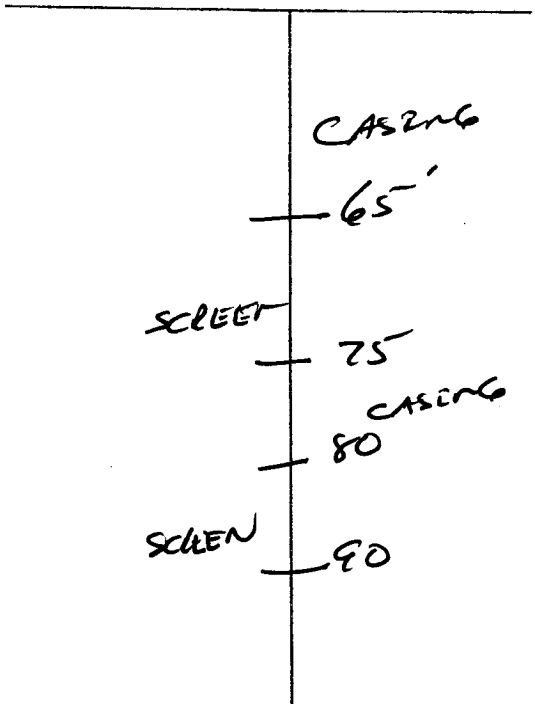
JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
AUG 05 2010
BY: OWR

If well telescopes please sketch below and show depths.

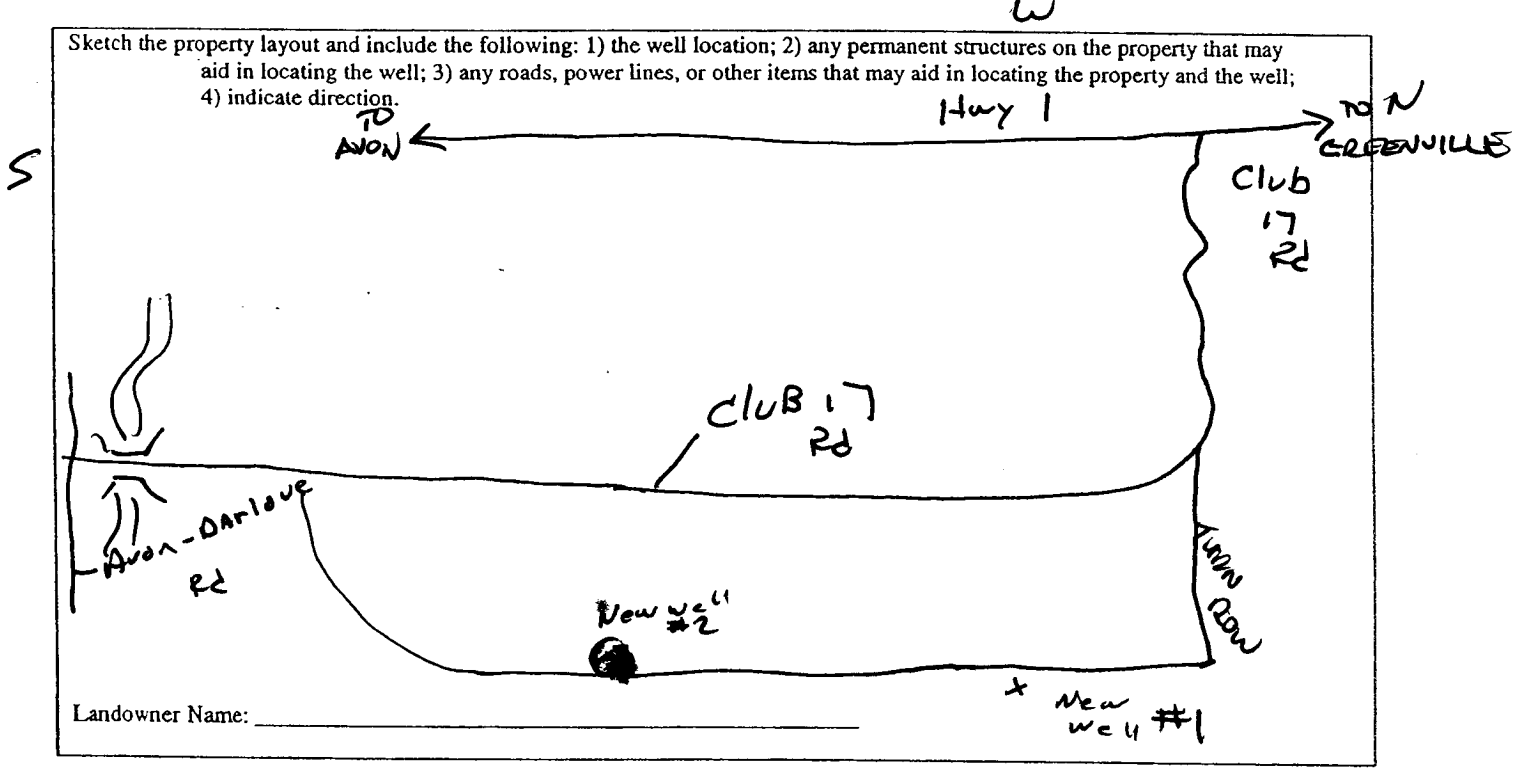
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix Clay	10	30
Fine Sand	30	65
Coarse Sand	65	75
Fine Sand	75	80
Coarse Sand	80	84
Gray Clay	84	93

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: _____

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 #: GW 443771
Driller: J. Newcome 0-773
Date completed: 6-16-10

For Office Use Only:
Aquifer: K144
Well #:
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: Loco Planting Co.
Mailing Address: PO Box 143
Avon, MS 38723
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 33 14 04 Longitude: 91 00 07
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS
NW ¼ NW ¼ Sec 18 Twn 16N Rng 8W
Distance 2.5 Miles Direction NW of Nearest Town Avon

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | (Turbine)
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 6/16/10
Rated Pump Capacity: 2000 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: 2

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.

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

Signature of Pump Installer

RECEIVED
AUG 05 2010
BY: OWR