County: Washington

Permit #:

Driller: Irrigation Equipment

Date drilling completed: 11-15-2011

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: Q158
Well #:
L. S. Elevation: 102
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.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: Delta City Farm LLC
Mailing Address: c/o Farmers National Co. Box 832
City: Hernando State: MS Zip Code: 38632
Telephone No. (662-820-2205)
office: 662-469-9583 Fax: 662-469-9583 Contact: Leslie Pinnix

Well or Borehole Location

Latitude: 33 . 09 , 17.3N Longitude: 90 44 . 24.8W "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NW ¼ Sec 17 Twn 15N Rng 5W

Distance ____ Miles Direction ____ of Nearest Town Hollandale

Well / Borehole Data

Date drilling started: 11-15-11 Date drilling completed: 11-15-11 Hole depth: 108 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: replacement 06437?

If a flowing well, 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:

Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .032 & .050 inches Setting depth: From 65 feet to 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)

Note: pump cannot be moved because of weather conditions.

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	24
fine sand	25	56
fine sand & gravel	57	84
Med sand & gracel	85	104
Fine sand	105	108
.032 screen	65	84
.050 screen	85	104

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) a north arrow.

Landowner Name: Delta City Farm LLC/Farmers National Co.

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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BY: OLWR

County: Washington

Permit #:

Driller: Irrigation Equipment

Date completed: 11-15-2011

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:

Aquifer:

Well #: Q158

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

Owner Name: Delta City Farm LLC

Mailing Address: c/o Farmers National Co.
Box 832

Hernando MS 38632
City State Zip Code

Telephone No. (662) 820-2205

Well Location

33 09 17.3N 90 44 24.8W

Latitude: Longitude:

Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

¼ ¼ Sec T R

Distance Miles Direction of Nearest Town Hollandale

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):

Date Pump Installed:

Rated Pump Capacity: 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:

Setting Depth: feet

Number of Stages:

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

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

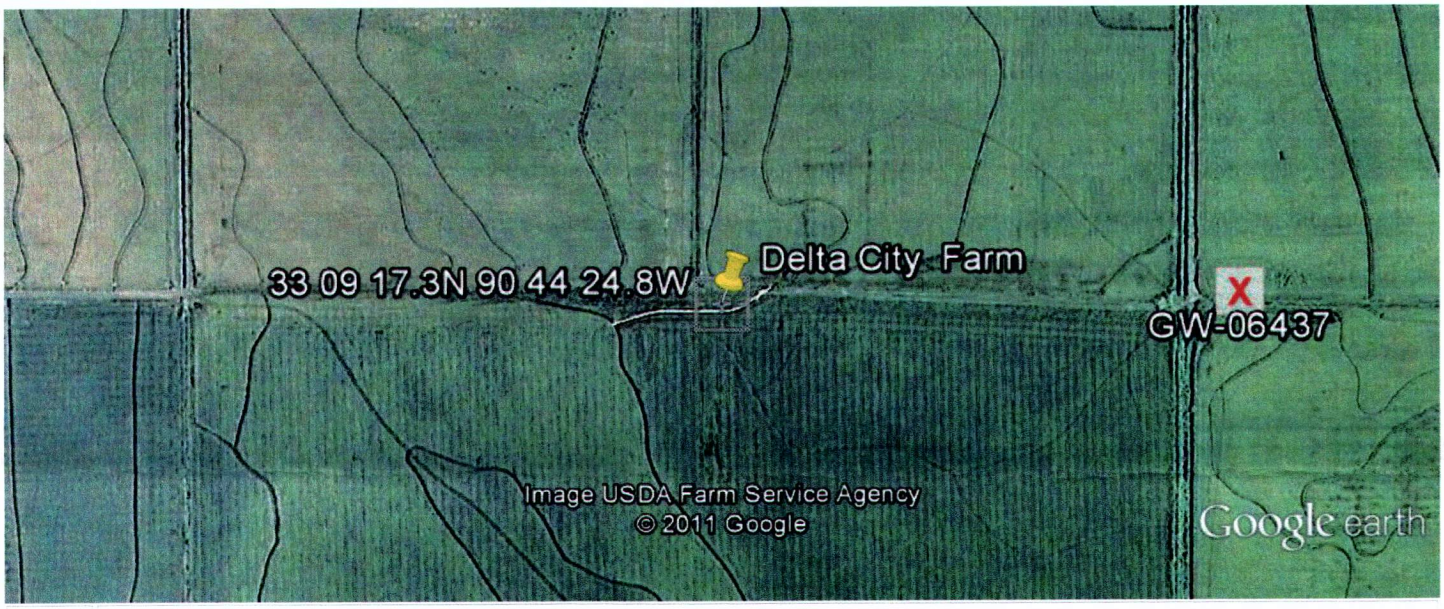
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

Q 158



33 09 17.3N 90 44 24.8W