

County: BOLIVAR
 Permit #: GWA0518
 Driller: Houston
 Date drilling completed: 7/14/05

State Well Report
Part 1 - Driller's Log

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 #: A-102
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>HOWARD HOOD</u>	Latitude: <u>31° 02' 10"</u> Longitude: <u>89° 57' 12"</u>
Mailing Address: <u>RFD BOX 500</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GUNNISON MS 38746</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 18 Twn 25N Rng 6W</u>
Telephone No. (<u>601</u>) <u>747-2223</u>	Distance <u>.7</u> Miles Direction <u>S</u> of Nearest Town <u>Highway 444</u>

Well / Borehole Data

Date drilling started: 7/16 Date drilling completed: 7/16 Hole depth: 110 Hole diameter: 18

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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 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 Fish Culture _____ Other: _____

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 7/18

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

Well depth: 110 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 1050 inches Setting depth: From 70 feet to 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 next page*

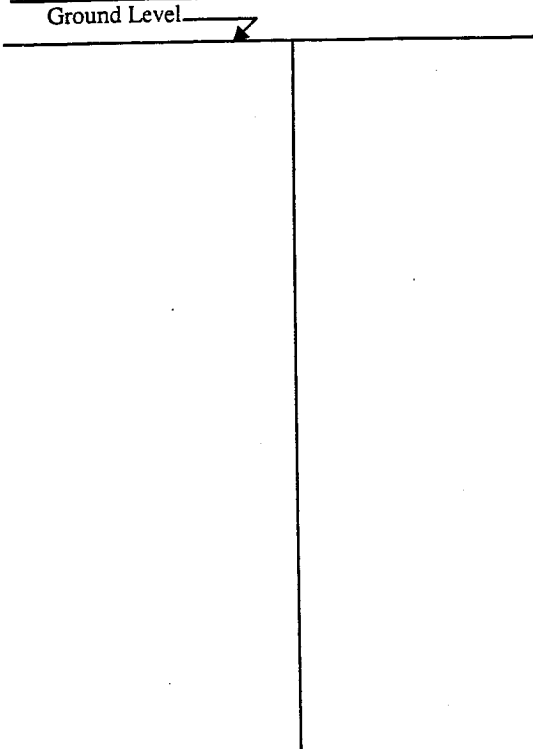
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 BY: OLWR

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 JUL 28 2005
 BY: OLWR

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	13
FINE SAND	13	43
COARSE SAND & GRAVEL	43	110

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) a north arrow.

Landowner Name: _____

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.

Paul Powell 0435 7/19 Paul Powell
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: A-102
Elevation: _____

County: BOLIVAR
Permit #: _____
Driller: HOUSTON
Date completed: 7/16/05

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Pertshire FARMS</u>	Latitude: <u>3A° 02, 10N</u> Longitude: <u>90° 50, 12W</u>
Mailing Address: <u>RFD Box 500</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Gunnison</u> MS <u>38746</u>	____ ¼ ____ ¼ Sec ____ Twn ____ Rng
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 747-2223</u>	____ Miles ____ of ____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>7-21-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>one</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>21</u> 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	

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

DAVID P. HOLT 0-752P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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BY: OLWR

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State Well Report Part 1 - Driller's Log

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 #: A-102

L. S. Elevation: _____

E-log #: _____

County: BOLIVAR

Permit #: GW-40518

Driller: Houston

Date drilling completed: 7/16

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)		Well or Borehole Location	
Owner Name: <u>HOWARD HOOD</u>	Latitude: <u>31° 02' 10"</u>	Longitude: <u>90° 51' 12"</u>	
Mailing Address: <u>RFD BOX 500</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>GUNALISON</u> MS <u>38746</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 18 Twp 25-14 Rng 6 W</u>		
Telephone No. <u>(601) 747-2223</u>	Distance _____ Miles	Direction _____	Nearest Town _____

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Well / Borehole Data

Date drilling started: 7/16 Date drilling completed: 7/16 Hole depth: 110 YMD JOINT WATER

Location of the source of any surface water used for drilling: well MANAGEMENT DISTRICT

Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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 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 Fish Culture _____ Other: _____

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 7/18

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

Well depth: 110 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 1050 inches Setting depth: From 70 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

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Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

YMD JOINT WATER
MANAGEMENT DISTRICT

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Part 1 - Driller's Log**

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Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: BOLIVAR
 Permit #: GW40518
 Driller: Houston
 Date drilling completed: 7/16

For Office Use Only:

Aquifer: _____
 Well #: A-102
 L. S. Elevation: _____
 E-log #: _____

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<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>HOWARD HOOD</u> Mailing Address: <u>RFD BOX 500</u> <u>CONALSON</u> <u>MS</u> <u>38746</u> City State Zip Code Telephone No. <u>(62)</u> <u>747-2223</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>34° 02' 10"</u> Longitude: <u>89° 57' 12"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4</u> Sec <u>8</u> Twn <u>25N</u> Rng <u>6W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

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Location of the source of any surface water used for drilling: well
 Method of dosing and volume of Chlorine used in drilling and development: 1 TB PER 1000

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Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

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

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 7/18

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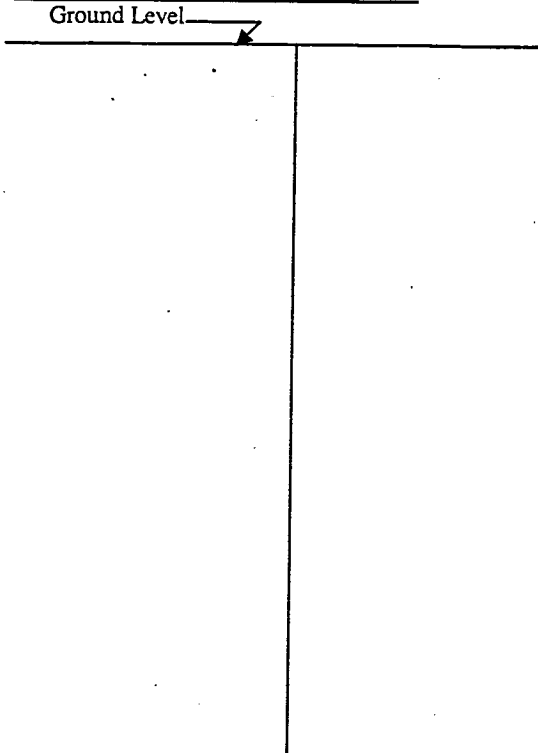
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 BY: OLWR

A-102

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PAUL Powell 0435 7/19 Paul Powell
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: A-102
Elevation: _____

County: BOLIVAR
Permit #: GW 40518
Driller: HOUSTON
Date completed: 7/16/

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Well Owner Information	Well Location
Owner Name: <u>Pertshire FARMS</u>	Latitude: <u>3A° 02, 10 N</u> Longitude: <u>090° 57, 12 W</u>
Mailing Address: <u>BFD Box 500</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Gunnison</u> MS <u>38746</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 747-2223</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
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DAVID P. HOLT 0-752 P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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