

BY: OLWB

MAR 16 2007

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If well telescopes please sketch below and show depths.

Print Name of Water Well Contractor and License No.

Rob's Well Drilling 0430

Signature of Water Well Contractor

[Handwritten Signature]

Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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.

Name of organization running log(s):

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

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

Other (describe):

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

Screen slot size: 0.32 inches Setting depth: From 70 feet to 100 feet

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

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Type of grout (circle one): Cement Bentonite Mix

Hole depth: 110 feet Well depth: 110 feet Well grouted to a depth of 10 feet

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 2-16-07

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

Date well drilling started: 9-16-07 Date well drilling completed: 2-16-07

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

Well Data

Telephone No. (662) 843 0724

City State Zip Code

Cleveland, MS 38732

Mailing Address: SAS Frederick Dr.

Owner Name: Gagnap Farms

Well Owner Information

30 days of completion of drilling of the well

State Law requires that this report be prepared by the driller in detail and filed with the Department within

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)

Well Driller Report and Well Log

County: Bolivar Permit #: 600 41561 Driller: Rob's Well Drilling Date drilling completed: 2-16-07

For Office Use Only: Aquifer: A-107 L.S. Elevation: E-log #: 08

Rob no 6561

A-107

Ground Level GW 41561

Description of Formations Encountered	From	To
CLAY	0	40
FINE SAND	40	55
COARSE SAND	55	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) indicate direction.

Landowner Name: LAGANAPPA FARM

[Signature]
 Signature of Water Well Contractor

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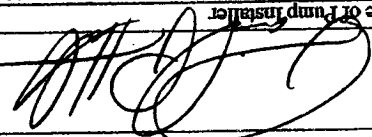
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Job #568

Form: OLWR-SWR-1B

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

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

Signature of Pump Installer 

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 27 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

Air Line Electric Measuring Line Steel Tape

Circle one

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type

Circle one

Air Lift Jet Submersible Turbine

Bucket Piston Rotary Flowing Well Centrifugal Other (specify): _____

Date Pump Installed: 2-21-07

Rated Pump Capacity: 1200 Gallons Per Minute

Power Type

Circle one

Natural Gas Diesel Engine Gasoline Engine Hand Tractor PTO Electric Motor Windmill Other (specify): _____

Horse Power Rating of Motor: 60

Setting Depth: 60 feet

Number of Stages: 2-54

Well Owner Information

Owner Name: A D CHATWRIGHT

Mailing Address: 11861 East Smyly Dr

Collinsville TN 38017

City State Zip Code

Telephone No. (901) 493-0292

Well Location

Latitude: 34°00'935" Longitude: 90°51'135"

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

Distance _____ Direction _____ Nearest Town _____

1/2 Miles E of Dossan

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:

Agent: _____

Well #: A-107

Elevation: _____

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: BOLIVAR

Permit #: _____

Drafter: PETZ'S WELL DRILLING

Date completed: 2-16-07

Copy information from block on Part I

STATE WELL REPORT