

County: Bolivar
 Permit #: 6W4208U
 Driller: Pete's Well Drilling
 Date drilling completed: 8-16-07

Well Driller Report and Well 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-111
 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>Brushy Lake Farms</u>	Latitude: <u>34° 00' 29.9"</u> Longitude: <u>90° 50' 06.0"</u>
Mailing Address: <u>7 Cypress Ridge Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 Twn 25N Rng 6W</u>
Telephone No. <u>(662) 627-7827</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>DEESON</u>

Well Data

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

Date well drilling started: 8-16-07 Date well drilling completed: 8-16-07

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

Static Water Level: 23" feet above or (below) (circle one) land surface Date measured: 8-16-07

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

Hole depth: 110' 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: 10" inches Type of casing: PVC

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

Screen slot size: .037 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 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.

Pete's Well Drilling 0431 Pete Spangler
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

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:

Agent: _____
 Well #: A-111
 Elevation: _____

County: BOLIVAR
 Permit #: 60110050
 Driller: PETE'S WELL DRILLING
 Date completed: 8-11-07

(Copy information from block on Part 1)

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.

<p>Well Owner Information</p> <p>Owner Name: <u>BEUSHY LAKE FARMS</u> Mailing Address: <u>7 CYPRESS BLVD DR</u> City: <u>CLARKSDALE MS 38614</u> State: _____ Zip Code: _____ Telephone No. (W2): <u>(627-7827)</u></p>	<p>Well Location</p> <p>Latitude: <u>34° 00' 29"</u> Longitude: <u>90° 50' 00"</u> Method of Lat/Long (check one): <u>Hand-held GPS</u> Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ Distance _____ Direction _____ Nearest Town _____ Miles <u>2</u> of <u>E</u> of <u>DEFERSON</u></p>
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible <input checked="" type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Bucket <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/></p>	<p>Other (specify): _____</p> <p>Date Pump Installed: <u>8-11-07</u></p> <p>Rated Pump Capacity: <u>650</u> Gallons Per Minute</p>
<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>15</u></p> <p>Setting Depth: <u>60</u> feet</p> <p>Number of Stages: <u>1</u></p>	<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>23"</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown (B) - (A): _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>

<p>Method of Measuring Water Level</p> <p>Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>	<p>I HEREBY CERTIFY that the above statements are true to the best of my knowledge.</p> <p>Print Name of Pump Installer and License No. (if applicable): <u>DAVID P HOLT 0-7521</u></p> <p>Signature of Pump Installer: _____</p>
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 SEP 17 2007
 BY: OLWR

Job # 7450