

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County Bolivar
 Permit # GW 44828
 Driller: Wes McMurry
 Date drilling completed 8-9-08

For Office Use Only:
 Aquifer _____
 Well # A-119
 I. 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Allendale Planting Co.</u>	Latitude: <u>34° 03' 13"</u> Longitude: <u>90° 46' 48"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shelby</u> <u>MS</u> <u>38774</u>	NW¼ SW¼ Sec <u>1</u> Twn <u>25N</u> Rng <u>6W</u>
City State Zip Code	Distance _____ Miles Direction <u>12</u> of _____ Nearest Town _____
Telephone No. <u>(662) 398-5121</u>	

Well / Borehole Data

Date drilling started: 8-9-08 Date drilling completed: 8-9-08 Hole depth: 115" Hole diameter: 18"

Location of the source of any surface water used for drilling: Hauled water from ditch 1 mile
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): None 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: 30 feet above or below (circle one) land surface Date measured: 8-14-08

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 75 feet to 115 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: 115 feet. *(If telescoped or more than one screen, describe on next page)*

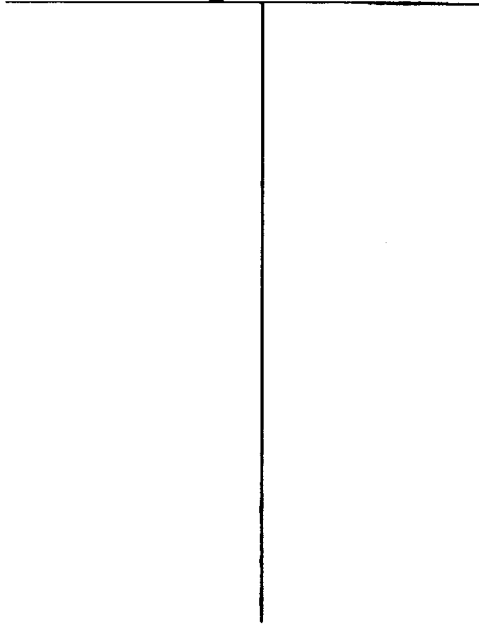
Form: OLWR-SWR-1 (04/08)
RECEIVED
 AUG 21 2008
 BY: OLWR

A-119

The sketch below only required for water wells.

If well telescopes show depths on sketch.

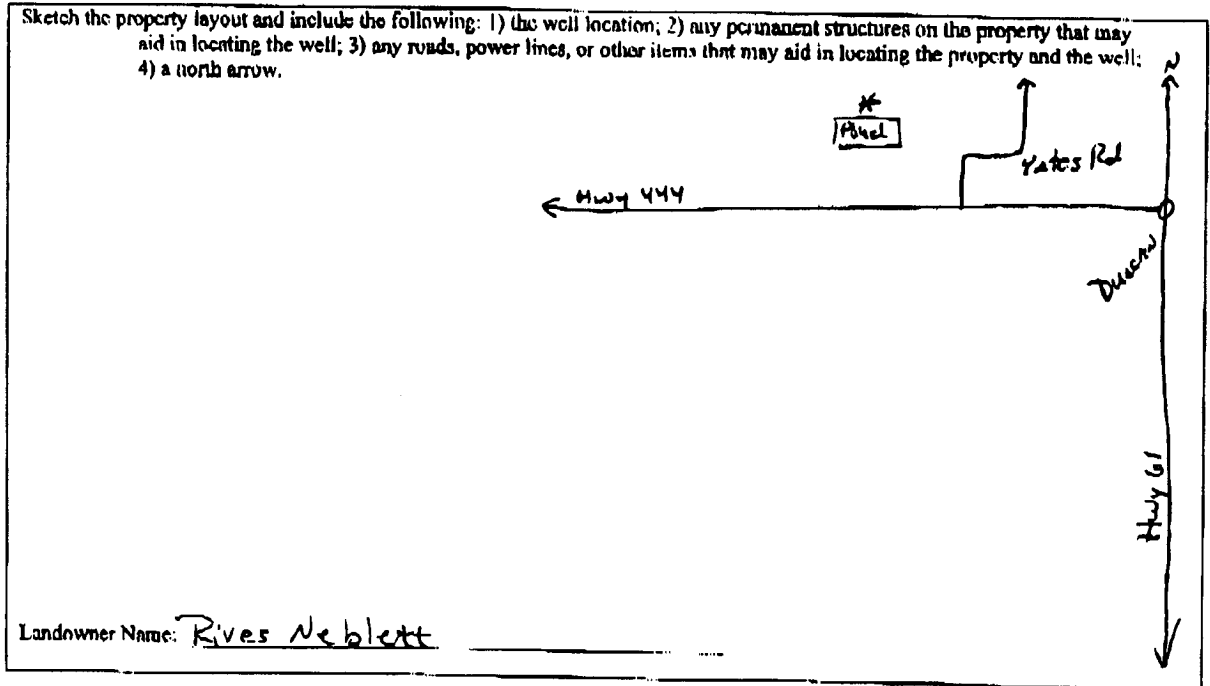
Ground Level



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)
Top Sand	Ground Level	15
Top Sand	15	25
Top Sand	25	35
Fine Sand	35	45
Fine Sand & Gravel	45	55
Coarse Sand & Gravel	55	65
Coarse Sand & Gravel	65	75
Coarse Sand & Gravel	75	85
Coarse Sand & Gravel	85	95
Coarse Sand & Gravel	95	105
Coarse Sand & Gravel	105	115

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



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.

Clayton Miller 0-703 8-21-08 Clayton Miller

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED

AUG 21 2008
BY: OLWR

AUG-21-2008 12:46 From: MID SOUTH WATER

6628431717

To: 6013600535

P. 4/4

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)

County: Bolivar
 Permit # _____
 Driller: John Rybolt IV
 Date completed: 8-14-08
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A-119
 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	Well Location
Owner Name: <u>Allendale Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Shelby MS 38774</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 12 T25N R6W</u>
Telephone No. <u>(662) 398-5121</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>8-14-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTING</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-EWR-18 (04/08) RECEIVED

AUG 21 2008

BY: OLWR