

State Well Report

Part I

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 #: GW 37350
 Driller: SIDNEY COOK
 Date drilling completed: 5/27/05

For Office Use Only
 Acquirer: _____
 Well #: C-152
 I.S. Permit #: _____
 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>GANT & SONS FARMS IV</u> Mailing Address: <u>2338 CROSBY ROAD</u> <u>MERIGOLD</u> <u>MS</u> <u>38759</u> City State Zip Code Telephone No. (____) _____	Latitude: <u>N 33° 54.059'</u> Longitude: <u>W 90° 53.820'</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>49</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>26</u> Twn <u>24N</u> Rng <u>7W</u> Distance Direction Nearest Town <u>4</u> Miles <u>ESE</u> of <u>GUNNISON</u>

Well Data

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

Date well drilling started: 5/27/05 Date well drilling completed: 5/27/05

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 5/27/05

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing Length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 0 feet to 117 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 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.

Sidney Cook #0-289
 Print Name of Water Well Contractor and License No.


 Signature of Water Well Contractor

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 JUN 27 2005
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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)

County: HOLLYAR
 Permit #: GW37350
 Driller: MIDNEY COOK
 Date completed: 5/28/05

For Office Use Only:
 Agency: _____
 Well #: C-152
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.

Well Owner Information			Well Location		
Owner Name <u>GANT & SONS FARMS JV</u>			Latitude: <u>N 33° 54.059'</u> Longitude: <u>W 90° 53.820'</u>		
Mailing Address: <u>2358 CROSBY RD</u>			Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
_____			<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>27</u> Twn <u>24N</u> Rng <u>7W</u>		
<u>MERIGOLD</u> <u>MS</u> <u>38759</u>			<u>SW</u> <u>26</u>		
City State Zip Code			Distance Direction Nearest Town		
Telephone No. () _____			<u>4</u> Miles <u>ESE</u> of <u>GUNNISON</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>30 HP</u>		
Date Pump Installed: <u>5/28/05</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>1850</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data			Method of Measuring Water Level Circle one		
Date Well Tested: _____			Air Line Electric Measuring Line <u>Steel Tap</u>		
Static Water Level (A): <u>31</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.

Matt Stephens #0-743P
 Print Name of Pump Installer and License No. (if applicable)

Matt Stephens
 Signature of Pump Installer

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