

County Polk
 Permit # GW 37627
 Driller Mike Wells
 Date drilling completed: 6-14-08

State Well Report
Part I - 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 #: C-166
 L S Elevation _____
 B-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>Bartel Farms</u>	Latitude: <u>N 33° 53' 04.9"</u> Longitude: <u>W 90° 52' 42.8"</u>
Mailing Address: <u>P.O. Box 70</u>	Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>43</u>
<u>Jonesboro AR 72403</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE SW</u> Sec <u>36</u> Twn <u>24 N</u> Rng <u>7 W</u>
Telephone No. <u>501 607-3525</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 6-14-08 Date drilling completed: 6-14-08 Hole depth: 130' Hole diameter: 26"

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

Method of casing and volume of Chlorine used in drilling and development: _____

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: 38 feet above below (circle one) land surface Date measured: 6-30-08

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth from 70 feet to 130 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: 0.1 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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JUL-07-2008 12:14 From: MID SOUTH WATER

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To: 601 360 0535

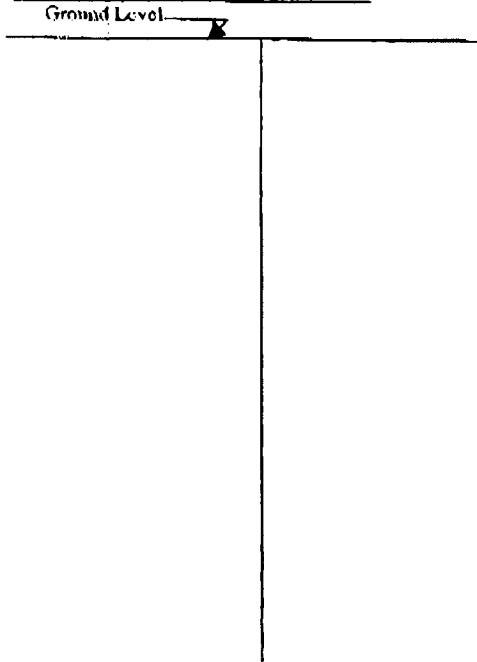
P.3/4

C-166

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

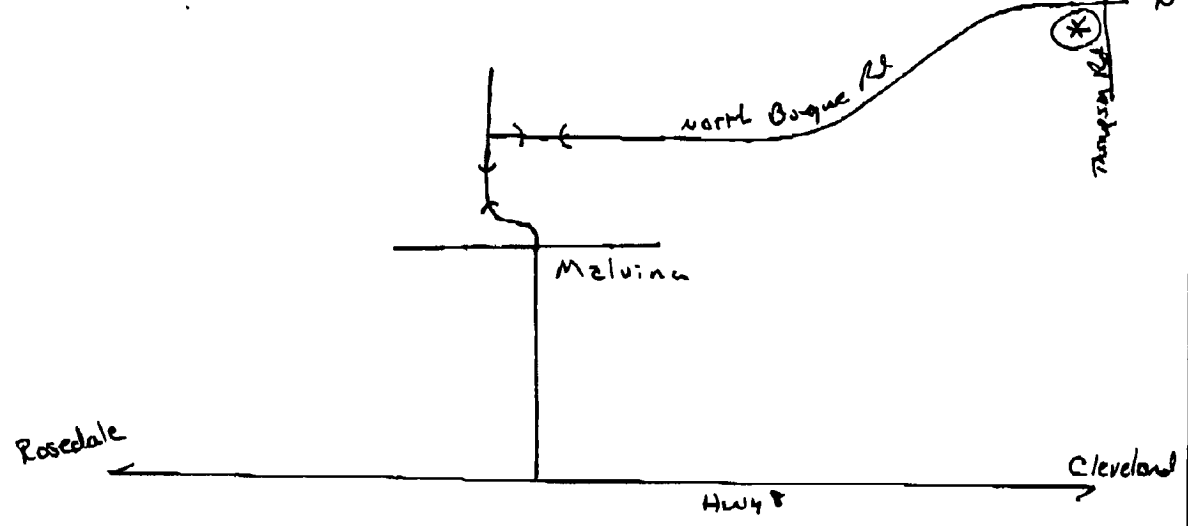
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Clay	15	25
Fine Sand	25	35
Fine Sand	35	40
Fine Sand & Medium Sand	40	45
Medium Sand	45	55
Gravel & Medium Sand	55	65
Coarse Sand & Gravel	65	125
Coarse Sand & Gravel	125	130

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: Bartel Farm, Inc.

Form: OLWR-SWR-1A

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

7-5-08

Clayton Miller Signature of Licensee

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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)

For Office Use Only:

Aquifer _____
 Well # C-166
 Elevation _____

County Bolivar
 Permit # GW37627
 Driller: John Rybolt IV
 Date completed: 6-30-08
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.

Well Owner Information	Well Location
Owner Name: <u>Bzotel Farms</u>	Latitude: <u>N38°53'04.9"</u> Longitude: <u>W90°52'42.8"</u>
Mailing Address: <u>P.O. Box 70</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Jonesboro AR 92403</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(501)607-3525</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> <u>Tractor PTO</u>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gen Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>6-30-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>38</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

Existing Pump in New Well

Form: OLWR-SWR-18

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