

AUG-09-2006 06:46 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

#524

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)

County	<u>Bellevue</u>
Permit #	<u>6W41247</u>
Driller	<u>Shane Partridge</u>
Date drilling completed	<u>8-5-06</u>

For Office Use Only:	
Aquifer	_____
Well #	<u>D-144</u>
L. 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> Owner Name: <u>Ming Planting Co.</u> Mailing Address: <u>Route 1 Box 466</u> <u>Shelby</u> <u>MS</u> <u>38774</u> City State Zip Code Telephone No. <u>(662) 719-7934</u>	Well or Borehole Location Latitude: <u>N 33° 54' 57.3"</u> Longitude: <u>W 090° 48' 31.5"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>22</u> Twn <u>24</u> Rng <u>6</u> <u>NE</u> <u>SW</u> Distance <u>3</u> Miles Direction <u>Southwest</u> of <u>Shelby</u>
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Well / Borehole Data Date drilling started: <u>8-5-06</u> Date drilling completed: <u>8-5-06</u> Hole depth: <u>122'</u> Hole diameter: <u>26"</u> Location of the source of any surface water used for drilling: <u>CANAL</u> Method of dosing and volume of Chlorine used in drilling and development: <u>100LB 0L3</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
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Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-7-06</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: <u>8-7-06</u> Well depth: <u>124'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Benwhite Mix Casing length: <u>84</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>84</u> feet to <u>122</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	
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Form: OLWR-SWR-1A

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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 Bolivar
 Permit # 6W41247
 Driller: Scott Hood
 Date completed 8-7-06
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-144
 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>Ming Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Route 1 Box 466</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> T <u>24</u> R <u>6W</u>
Telephone No. <u>(662) 719-7934</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>Southwest</u> <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>8-7-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>ONE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>42'</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: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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.

Thomas G Christman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman
 Signature of Pump Installer

Form: OLWR-SWR-1B

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