

-2006 07:32 From: MID SOUTH WATER 6628431717 To: 601 360 0535 P. 2/3

Part 2 never received 3/13

#521

County Bolivar
 Permit # 6W41246
 Driller: Shane Partridge
 Date drilling completed: 8-3-06

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 # D-145
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>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) 721-6613</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 56' 02.2"</u> Longitude: <u>96° 23' 23"</u> Method of Lat/Long (circle one): <u>Hand-held (GPS)</u> Conventional Survey USGS quad, <u>SE 1/4 NW 1/4 Sec 13 Twn 24 Rng 6W</u> Distance <u>12</u> Miles <u>SE</u> Direction of <u>Shelby</u> Nearest Town</p>
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Well / Borehole Data

Date drilling started: 8-3-06 Date drilling completed: 8-3-06 Hole depth: 118' Hole diameter: 26"

Location of the source of any surface water used for drilling: ROCKS

Method of dosing 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: 41'-1" feet above or below (circle one) land surface Date measured: 8-4-06

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

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Fast Cement Bentonite Mix

Casing length: 78 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 78 feet to 118 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Pump from existing well moved 40' to new well site. Form. OLWR-SWR-1A

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GW 41246

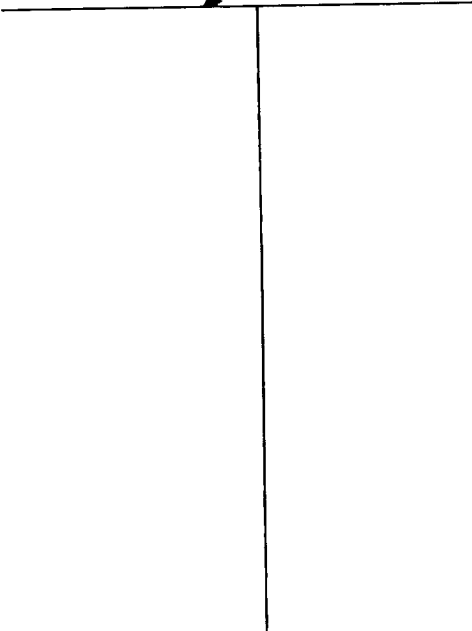
D-145

The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.

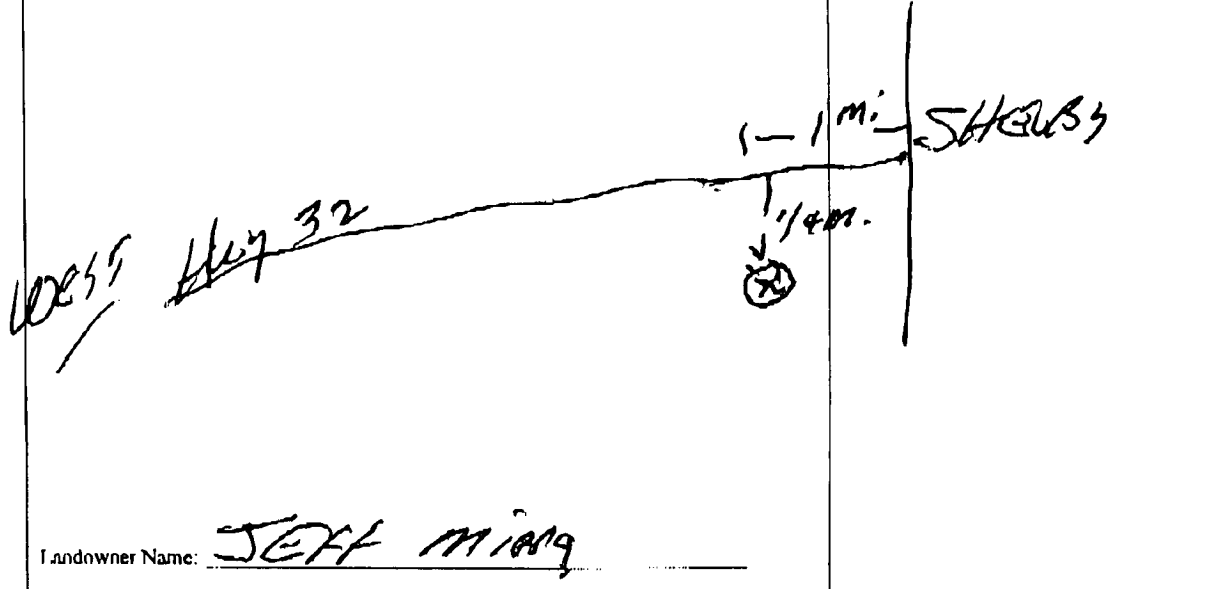
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	12
Clay	12	22
Fine Sand	22	29
Fine Sand	29	32
Fine Sand	32	42
Fine Sand	42	52
Coarse Sand : Gravel	52	62
Coarse Sand : Gravel	62	72
Coarse Sand : Gravel	72	82
Coarse Sand : Gravel	82	92
Coarse Sand : Gravel	92	102
Coarse Sand : Gravel	102	112
Coarse Sand : Gravel	112	118

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: JEFF MING

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.

Thomas G. Christman 0-703 8/6/06 *Thomas G. Christman*
 Print Name of Responsible Licensee and License No. Date Signature of Licensee