

#871  
242

County: Bolivar  
 Permit #: 66092736  
 Driller: Ronnie Dill  
 Date drilling completed: 7-21-08

**State Well Report**  
**Part I - 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-157  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Littleton Farms</u>          Mailing Address: <u>834 Henry Hall Rd</u>  <u>Mount Bayou MS 38762</u>          City State Zip Code          Telephone No. <u>(662) 588-2144</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 52' 49"</u> Longitude: <u>90° 47' 55"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 1/4 SE 1/4 Sec 35 Twn 24N Rng 6W</u>          Distance Direction Nearest Town          Miles of _____</p>
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**Well / Borehole Data**

Date drilling started: 7-21-08 Date drilling completed: 7-21-08 Hole depth: 120' Hole diameter: 18"  
 Location of the source of any surface water used for drilling: 6 mile Lake  
 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, ship 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) N/A  
 Static Water Level: 43 feet above or below (circle one) land surface Date measured: 7-22-08  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 80 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 80 feet to 120 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*

JUL-24-2008 12:05 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.3/4

D-157

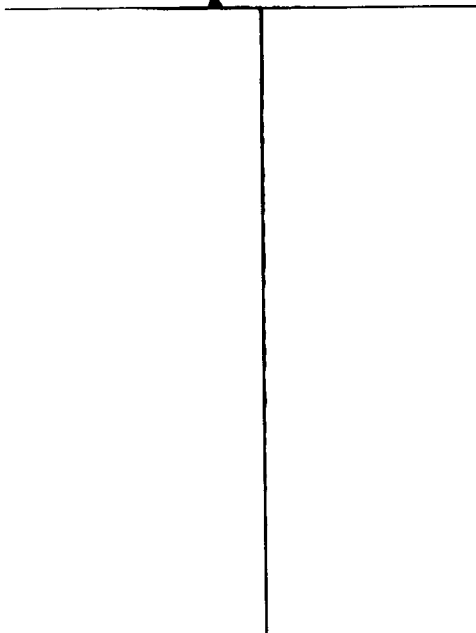
6628431717

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

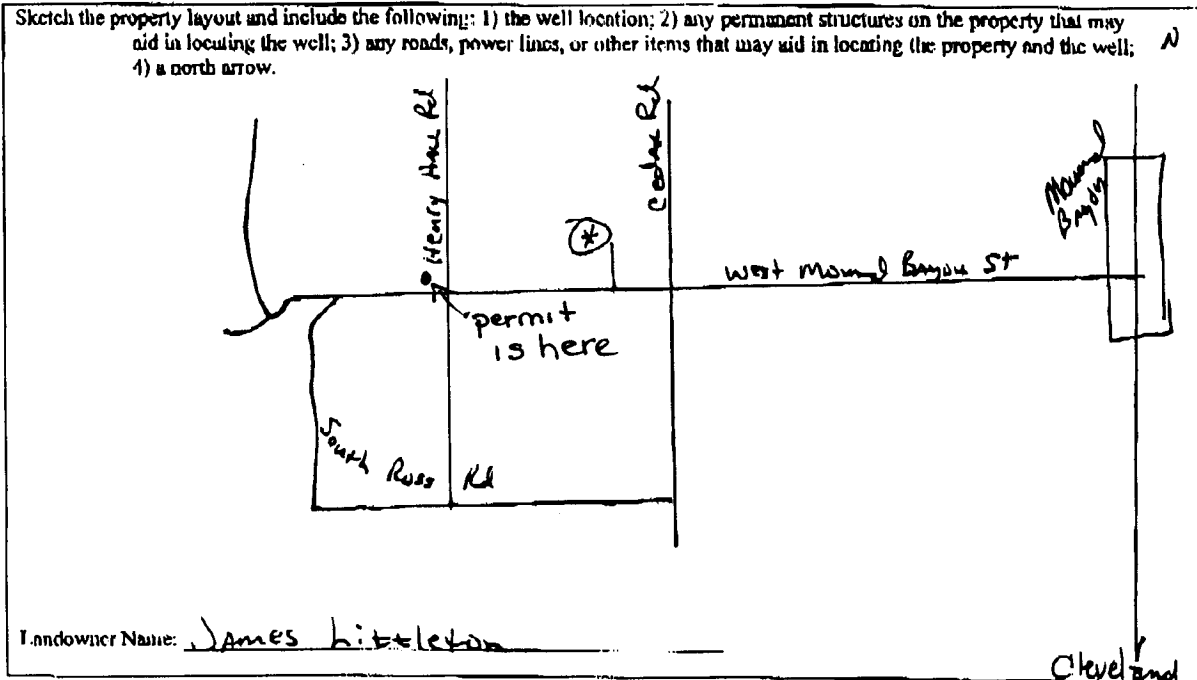
If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Fine Sand	15	25
Fine Sand	25	35
Fine Sand	35	45
Medium Sand & Gravel	45	55
Medium & 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
Coarse Sand & Gravel	115	120

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    7-24-08    Clayton Miller  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

### 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 # 66042736  
 Driller: John Rybolt IV  
 Date completed: 7-22-08  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well # D-157  
 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>Littleton Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>834 Henry Hall Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Maun Bayou MS 38762</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 35 T24N R 6W</u>
Telephone No. <u>(602) 598-2144</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

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	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>7-22-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tube
Static Water Level (A): <u>43</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 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer