

JOB # 6578

Part 2 never received 3/13

County: Bolivar
 Permit #: GW 41711
 Driller: Pete's Well Drilling
 Date drilling completed: 3-30-07

Well Driller Report and Well 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-160
 L. S. Elevation: D227
 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>Bay Farms</u>	Latitude: <u>33.55.359"</u> Longitude: <u>90.51.815"</u>
Mailing Address: <u>521 Robinson Drive</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, _____
<u>Cleveland, MS 38752</u>	USGS quad, _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 19</u> Sec <u>19</u> Twn <u>24N</u> Rng <u>7W</u>
Telephone No. <u>(662) 843-1274</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>E</u> of <u>Gunnison</u>

Well Data

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

Date well drilling started: 3-30-07 Date well drilling completed: 3-30-07

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 3-30-07

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 60 feet to 100 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 was 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.

Pete Sappington 0430
 Print Name of Water Well Contractor and License No.

Pete Sappington
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

APR 24 2007
 BY: OLWR

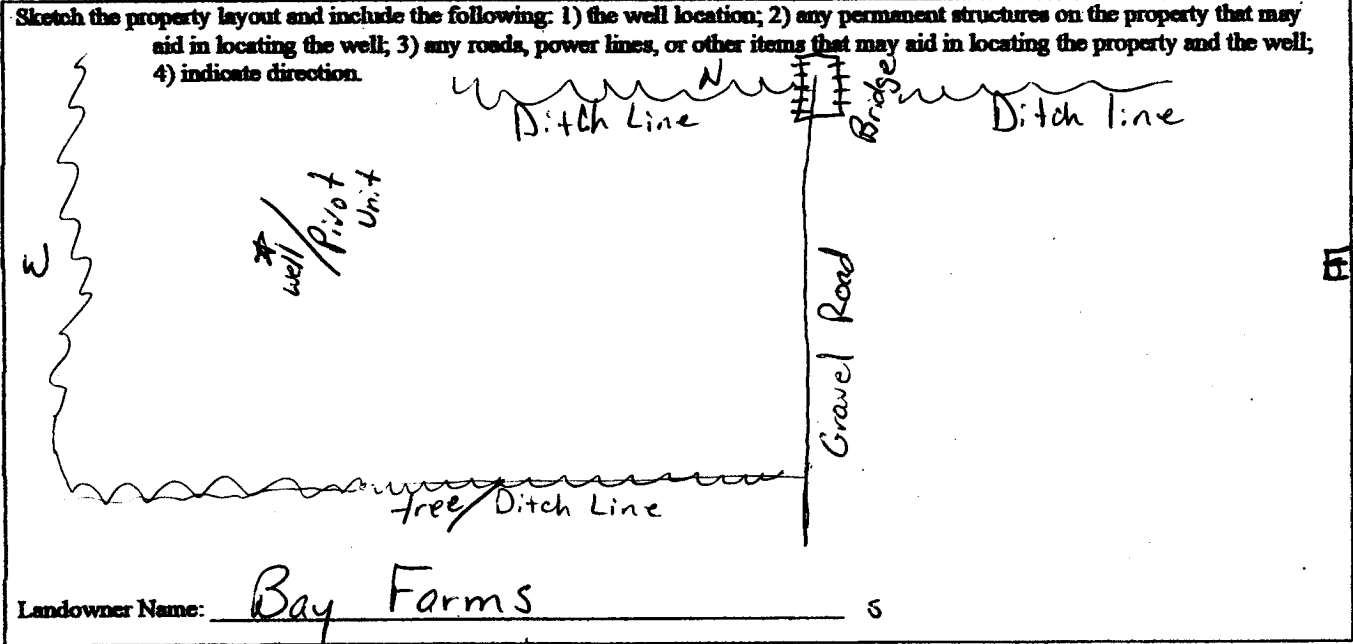
Ground Level 6W41711

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	30
CLAY SAND	30	50
COARSE SAND & GRAVEL	50	100

If more than one screen, show location of each on sketch



Signature of Water Well Contractor _____

RECEIVED
 APR 24 2007
 BY: OLWR