

MAR-27-2006 11:11 From: MID SOUTH WATER

6628431717

To: 360 0535

P.2/4

48057

Well #2

County: Bolivar
 Permit # _____
 Driller: Mike Wells
 Date drilling completed: 3-18-06

**State Well Report
 Part 1 - 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 #: E-154
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Lema Farms Partnership</u> Mailing Address: <u>503 Hillcrest Circle</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No: <u>(662) 843-2470</u></p>		<p>Well or Borehole Location</p> <p>Latitude: <u>33° 56' 03"</u> Longitude: <u>100° 45' 44"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NW 1/4 Sec <u>18</u> Twn <u>24N</u> Rng <u>5W</u> Distance <u>1/2</u> Miles <u>S-E</u> of <u>SHREVEPORT</u> Direction Nearest Town</p>	
<p>Well / Borehole Data</p> <p>Date drilling started: <u>3-18-06</u> Date drilling completed: <u>3-18-06</u> Hole depth: <u>118'</u> Hole diameter: <u>12"</u> Location of the source of any surface water used for drilling: <u>CANAL DITCH LOCATED BEHIND</u> Method of dosing and volume of Chlorine used in drilling and development: <u>10 LBS</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></p>			
<p>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 _____ Other (describe) _____ Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>3-18-06</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>118'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>78</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> Screen slot size <u>.050</u> inches Setting depth: From <u>78</u> feet to <u>118</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></p>			

Form: OLWR-SWR-1A

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BY: OLWR


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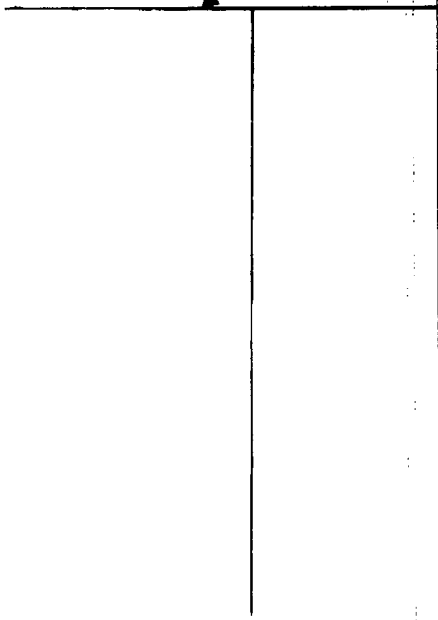
E-154

Well # 2

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level 



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	20
Fine Sand	20	53
Medium Sand	53	73
Coarse Sand	73	89
Coarse Sand & Gravel	89	118
Clay	118	

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

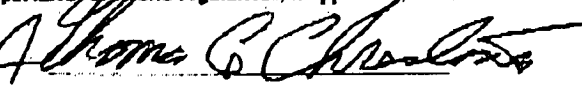
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow



Landowner Name: Lema Farms Partnership

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. Ch stman 0-703 3-21-06 

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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P.4/4

Well #2

STATE WELL REPORT

County: Bolivar
 Permit # _____
 Driller: Mike Wells
 Date completed: 3-18-06
Copy information from block on Part 1

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)354-5938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-154
 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>Lema Farms Partnership</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>503 Hillcrest Circle</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	1/4 1/4 Sec. <u>18 T24N R SW</u>
Telephone No. <u>(662) 843-2470</u>	Distance Direction Nearest Town
	<u>1/2 Miles S.E. of Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-24-06</u>	Setting Depth: <u>81</u> feet
Rated Pump Capacity: <u>1500</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 type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>40</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 <u>N/A</u> 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.
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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