

Job # 9399

State Well Report

Part I - Driller's Log

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 #: GW43457
Driller: Pato Sappigto
Date drilling completed: 8-13-09

For Office Use Only:
Aquifer:
Well #: E177
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 (Landowner if borehole is not for a water well)
Owner Name: Full Harvest Agriculture
Address: 149 Delta Ave.
City: Clarksdale, State: Ms, Zip Code: 38614
Telephone No.: 662-624-2381
Well or Borehole Location
Latitude: 33° 56' 29" Longitude: 90° 40' 33"
Method of Lat/Long: Hand-held GPS
USGS quad: SE 1/4 SE 1/4 Sec 11, Twn 24N, Rng 5W
Distance: 5.5 Miles, Direction: East, Nearest Town: Shelby, Ms

Well / Borehole Data
Date drilling started: 8-13, Date drilling completed: 8-13, Hole depth: 100', Hole diameter: 24"
Location of the source of any surface water used for drilling: Rice Well Ditch 1/4 mi south
Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorate @ 10ppm
Logs run: No log run, Electric, Gamma Ray, Density, Sonic, Neutron, Other:
Purpose of borehole: 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: Home, Industrial, Public Supply, Irrigation, Fish Culture, Other:
If a flowing well, method of flow regulation: Valve, Other (describe)
Static Water Level: 43 feet above or below land surface, Date measured: 8-13
Method of Measurement: steel tape, electric tape, air line, other:
Well depth: 100', Well grouted to a depth of 10 feet, Type of grout: Neat Cement, Bentonite, Mix
Casing length: 60 feet, Casing diameter: 16 inches, Type of casing: Sch. 40 PVC
Screen length: 40 feet, Screen diameter: 16 inches, Type of screen: Sch 40 PVC
Screen slot size: .032 inches, Setting depth: From 60 feet to 100 feet
Type of completion: 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 next page

Form: OLWR-SWR-1A (04/08)

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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 #: _____
 Driller: PETES WELL DRILLING
 Date completed: 8-13-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E177
 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>FULL HARVEST AGRICULTURE OPPORTUNITIES R.F.E.T</u>	Latitude: <u>33° 56' 48.1"</u> Longitude: <u>90° 39' 59.4"</u>
Mailing Address: _____ <u>149 DELTA AVE</u> <u>CLARKSDALE MS 38644</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW 1/4 NE 1/4 Sec 12 T24N R5W</u>
Telephone No. <u>(662) 624-2381</u>	Distance Direction Nearest Town <u>5 1/4</u> Miles <u>E</u> of <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>8-14-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David P. Holt 0-752P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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