

JUN-23-2008 12:22 From:MID SOUTH WATER

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To:601 360 0535

P.2/4

County Bolivar
 Permit # 66042595
 Driller: Kennie Dill
 Date drilling completed: 6-16-08

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 #: F-226
 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)	Well or Borehole Location
Owner Name: <u>Split Tree Farms, LLC</u>	Latitude: <u>N33° 51' 27.3"</u> Longitude: <u>W90° 54' 01.7"</u>
Mailing Address: <u>469 Dattel Rd.</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, <u>02</u>
<u>Rosedale MS 39769</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>Sw 1/4, Nw 1/4, Sec 11, Twp 23N, Rng 7W</u>
Telephone No. <u>(602)721-9025</u>	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 6-16-08 Date drilling completed: 6-16-08 Hole depth: 120' Hole diameter: 20"

Location of the source of any surface water used for drilling: existing well

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: 38 feet above or (below) (circle one) land surface Date measured: 6-18-08

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 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 Telecasing 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*

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)

For Office Use Only:

Aquifer: _____

Well #: F-226

Elevation: _____

County Bolivar
 Permit # COG 42595
 Driller John Rybolt
 Date completed 6-18-08
 Copy information from block in Part 1

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Split Tree Farms, LLC</u> Mailing Address: <u>469 Dattell Rd.</u> <u>Rosedale, MS 38769</u> City State Zip Code Telephone No. <u>(662) 731-8025</u></p>	<p>Well Location</p> <p>Latitude: <u>N33°51'27.3"</u> Longitude: <u>W090°54'01.7"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p>
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<p>Pump Type Circle one</p> <p>Air Lift _____ Jet _____ Submersible _____ Bucket _____ Piston _____ <u>Turbine</u> _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>6-18-08</u> Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>NOT TESTED</u> Static Water Level (A): <u>38</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer