

#934

County: Bolivar
 Permit #: 0W4341
 Driller: Clarence McMurry
 Date drilling completed: 4-9-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (801)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F-234
 L. S. Elevation: _____
 B-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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>C. T. DANNA FARMS</u> Mailing Address: <u>469 Dattel Rd</u> <u>Rosedale MS 31769</u> City State Zip Code Telephone No: <u>(662) 759-3793</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 51' 39.2"</u> Longitude: <u>90° 56' 29.7"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 8 Twn 23 N Rng 7 W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 4-9-09 Date drilling completed: 4-9-09 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: Near by ditch
 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: 30 feet above or below (circle one) land surface Date measured: 4-23-09

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: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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

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BY: OLWF

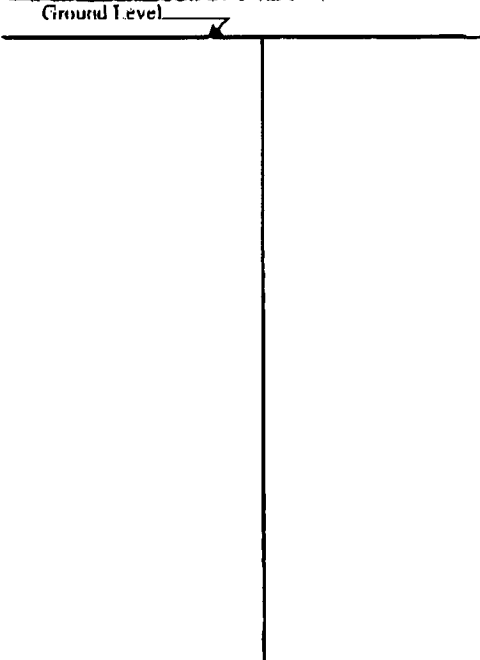
6W43141

F-234

The sketch below only required for water wells.

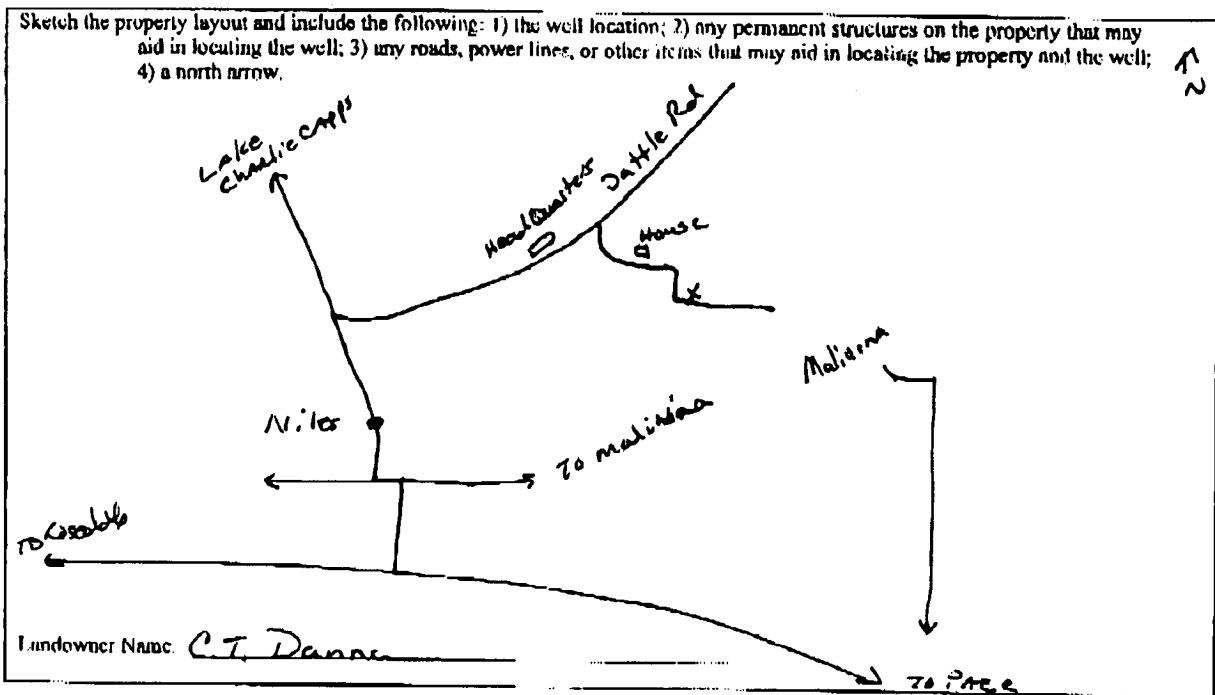
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay & Fine Sand	Ground Level	15
Fine & Medium Sand & Gravel	15	25
Coarse and Pq Gravel	25	35
Coarse Sand & Pq Gravel	35	45
Coarse Sand and Pq Gravel	45	55
Coarse & Medium Sand & Gravel	55	65
Medium & 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
Print Name of Responsible Licensee and License No.

4-25-09
Date

Clayton Miller
Signature of Licensee

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STATE WELL REPORT

Part 2

County Bolivar
 Permit # OW 43141
 Driller John Rybolt IV
 Date completed 4-23-09
 Copy information from block on Part 1.

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)

For Office Use Only:
 Aquifer _____
 Well # F-234
 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>C. T. Danna Farms</u>	Latitude: <u>N33°51'39.2"</u> Longitude: <u>W90°56'29.71"</u>
Mailing Address: <u>469 Dazeell Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Rosedale</u> <u>MS</u> <u>38769</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 759-3793</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input 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): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>4-23-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (D): <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 _____
Test Pumping Rate: <u>N/A</u> (Gallons Per Minute)	_____ feet after _____ hours of pumping
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
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

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

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