

AUG-22-2007 07:53 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/3

Part 2 never received 3/13

#677

County: Bolivar
 Permit #: GW42063
 Driller: Ronnie Dill
 Date drilling completed: 8-16-07

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 #: H-177
 L. S. Elevation: F264
 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 <i>(Lundowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Limit-Up Farms</u>	Latitude: <u>33° 51' 36"</u> Longitude: <u>90° 57' 16"</u>
Mailing Address: <u>P.O. Box 99</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rosedale MS 3769</u> City State Zip Code	<u>SW 1/4 NW Sec 8 Twn 23N Rng 50W</u>
Telephone No. <u>(662) 578-1421</u>	Distance: <u>5</u> Miles Direction: <u>N.E.</u> of <u>Rosedale</u> <u>TW</u>
Well / Borehole Data	
Date drilling started: <u>8-16-07</u> Date drilling completed: <u>8-16-07</u> Hole depth: <u>120'</u> Hole diameter: <u>2 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Asyoc</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>365 CHLORINE</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 type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>32</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8/21/07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>120'</u> Well grouted to a depth of <u>16</u> feet Type of grout (circle one) <u>Next Cement</u> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>1 1/2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>1 1/2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</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: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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 BY: OLWR

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H-1777

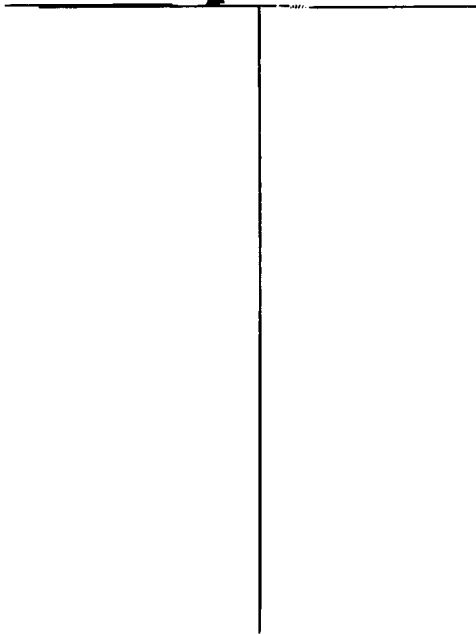
F264

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

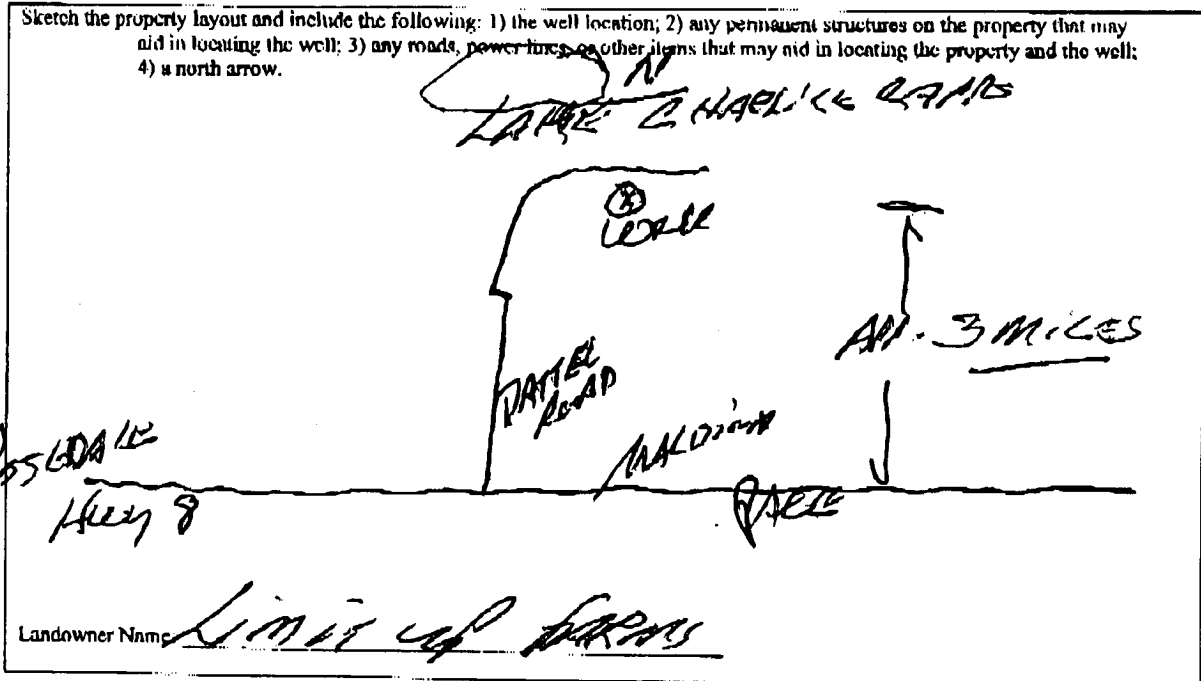
If well telescopes, show depths on sketch

Ground Level _____



Description of Formations Encountered	From (depth)	To (depth)
Fine Sand	Ground Level	24
Fine Sand	24	34
Fine Sand	34	44
Fine Sand & Gravel	44	54
Fine Sand & Gravel	54	64
Fine Sand & Gravel	64	74
Coarse Sand & Gravel	74	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Coarse Sand & Gravel	104	120

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



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.

Print Name of Responsible Licensee and License No. THOMAS G. CHRISTMAN 0-703

Date 8/22/07

Signature of Licensee Thomas G. Christman

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