

JUL-29-2005 16:31 From:

6628431717

To: 360 0535

P.2/4

State Well Report

Part 1

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 #: G-213
 I. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: 410566
 Driller: Mike Wells
 Date drilling completed: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: <u>33° 52' 19"</u> Longitude: <u>90° 47' 49"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Merigold MS 38759</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 32 Twn 23N Rng 6W</u>
Telephone No. <u>662 721-7734</u>	Distance Direction Nearest Town
	<u>4 1/2 Miles W of <u>Merigold</u></u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7/6/05 Date well drilling completed: 7/6/05

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 44 feet above or below (circle one) land surface Date measured: 7/6/05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 121 Well depth: 121 Well grouted to a depth of 81 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 81 feet to 121 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Thomas G. Christman 0-203 Thomas G. Christman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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P. 4/4

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 #: G-213
Elevation: _____

County: Bolivar
Permit #: 46066
Driller: Mike well
Date completed: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mentgold, ms 38259</u>	<u>1/4</u> <u>1/4</u> Sec <u>3</u> Twp <u>23N</u> Rng <u>6 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 721-7734</u>	<u>4 1/2</u> Miles <u>W</u> of <u>Wood Bayou</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>7/7/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2700</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 Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>444</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
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.
Thomas G. Chestman 0-203
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer