

JUN-27-2007 13:00 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

4670

### 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 #: G 228  
 I. S. Elevation: \_\_\_\_\_  
 F-log # \_\_\_\_\_

County: Bolivar  
 Permit # GW41881  
 Driller: Eric Galbreath  
 Date drilling completed: 6-20-07

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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Pemble Farms</u>	Latitude: <u>N 33° 48' 04.4"</u> Longitude: <u>106° 45' 45.1"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Merigold</u> MS <u>38759</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 36 Twn 23N Rng 6W</u>
Telephone No. <u>(662) 721-7734</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Cleveland</u>

**Well / Borehole Data**

Date drilling started: 6-20-07 Date drilling completed: 6-20-07 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: CAROL

Method of dosing and volume of Chlorine used in drilling and development: 2.55 GALLONS

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: 46 feet above or below (circle one) land surface Date measured: 6/21/07

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

Well depth: 125' Well grouted to a depth of 10 foot Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth from 75' feet to 125' 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

*NOTE: Replace old well -  
 15 ft. AWAY -  
 Replaces GW 890f*

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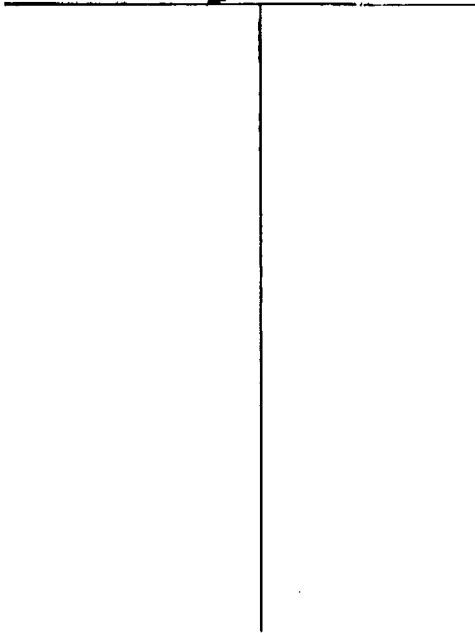
GW41881

G-228

The sketch below only required for water wells

If well telescopes, show depths up sketch.

Ground Level



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	18
Clay & Fine Sand	15	23
Fine Sand	25	35
Medium Sand	35	45
Coarse Sand	45	55
Coarse Sand & Gravel	55	65
Coarse Sand & Gravel	65	75
Coarse Sand & Gravel	75	85
Coarse Sand & Gravel	85	95
Coarse Sand & Gravel	95	102
Fine Sand	102	105
Coarse Sand & Gravel	105	110
Rock	110	110
Coarse Sand & Gravel	110	115
Coarse Sand & Gravel	115	125

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: C. Christman, Inc.

Form: OLWR-SWR-1A

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 6/27/07

Signature of Licensee Thomas G. Christman

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-228  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW41881  
 Driller: Scott Hood  
 Date completed: 6-21-07  
*Copy information from block on 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.*

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: <u>N33°48'04.4"</u> Longitude: <u>W90°45'45.1"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Locating (check one): Conventional Survey _____
<u>Merigold MS 38759</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	____ 1/4 ____ 1/4 Sec ____ T ____ R
Telephone No. <u>(662) 721-7734</u>	Distance Direction Nearest Town
	<u>4 Miles NW of Cleveland on CROSBY ROAD.</u>

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"/>	<u>Electric Motor</u> <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-21-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>46'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured static 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. Christman 0-703 Thomas G. Christman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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