

JUN-27-2007 13:06 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P. 2/4

#6274

County Bolivar
 Permit # 61041880
 Driller Eric Galbreath
 Date drilling completed: 6-22-07

State Well Report
Part I - 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-229
 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 (Lundowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Rayner Planting Co.</u>	Latitude: <u>N33° 52' 42.3"</u> Longitude: <u>W90° 55' 52.2"</u>
Mailing Address: <u>P.O. Box 325</u>	Method of Locating (circle one): <u>42</u> Conventional Survey, <u>57</u>
<u>Mexigold</u> MS <u>38759</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>N 1/4, N 1/4 Sec 4</u> Twa <u>23N Rng 6E</u>
Telephone No. <u>(662) 721-6294</u>	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Manvel Bayou</u>

Well / Borehole Data

Date drilling started: 6-22-07 Date drilling completed: 6-22-07 Hole depth: 124' Hole diameter: 26"

Location of the source of any surface water used for drilling: old canal

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: 44 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one) Quick Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inch Setting depth: From 80 feet to 130 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

NOTE: REPLACES old well log
 15 feet away -
 Replaces GW 110272

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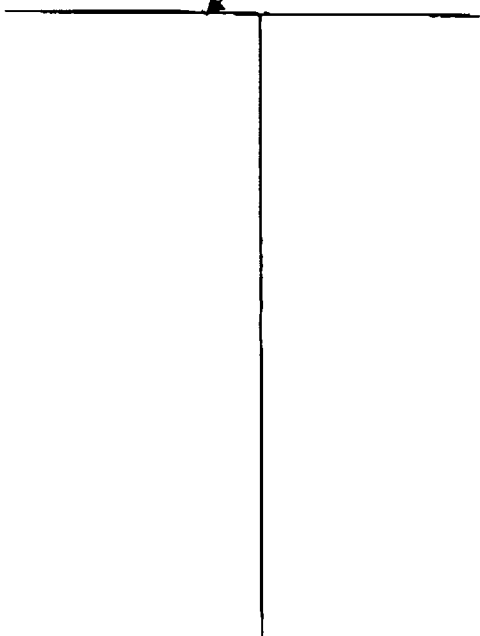
60041880

G-229

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

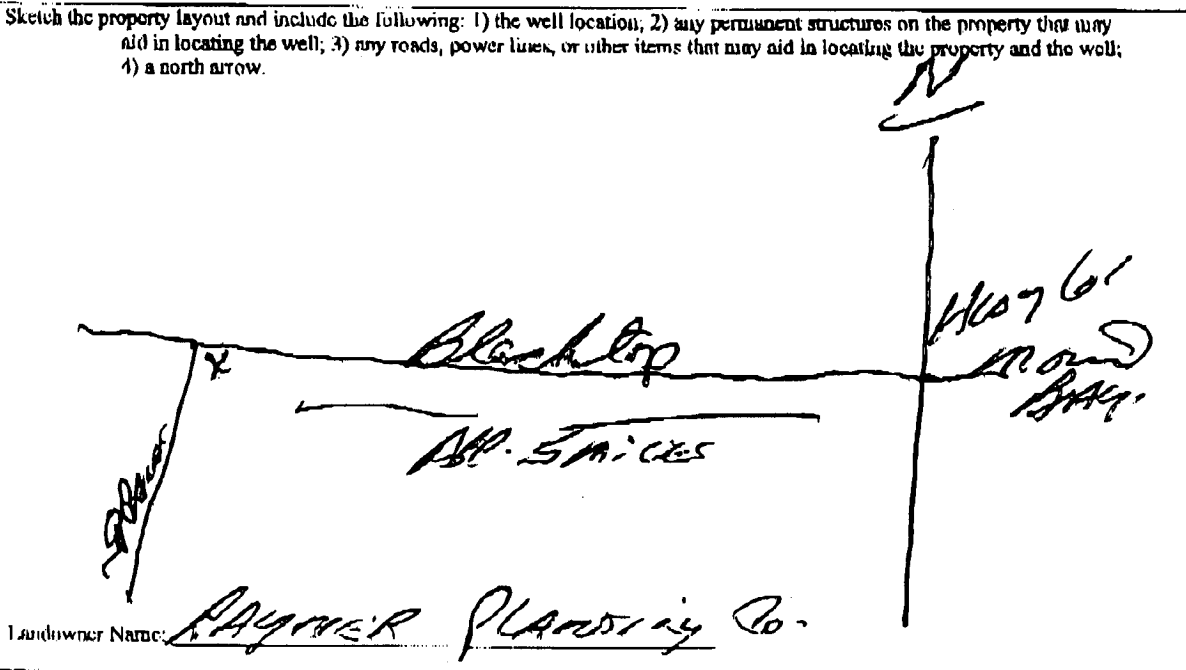
Ground Level →



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	14
Clay & Fine Sand	14	24
Medium Sand	24	34
Medium Sand	34	44
Medium Sand	44	54
Coarse Sand & Gravel	54	64
Coarse Sand & Gravel	64	74
Coarse Sand & Gravel	74	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Coarse Sand & Gravel	104	114
Coarse Sand & Gravel	114	124

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



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.

Thomas C. Christman 0-703

6/27/07

Thomas C. Christman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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-229

Elevation: _____

County: Bolivar
 Permit # 6W41880
 Driller: _____
 Date completed: _____
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>Rayner Planting Co.</u>	Latitude: <u>N33°52'42.3"</u> Longitude: <u>W90°49'52.2"</u>
Mailing Address: <u>P.O. Box 325</u>	Method of Loc/Long (check one): <u>42</u> Conventional Survey <u>57</u>
<u>McGould</u> MS <u>39259</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>N</u> <u>1/4</u> <u>Sec</u> <u>4</u> T <u>1</u> R <u>1</u>
Telephone No. <u>(662) 721-6294</u>	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Mound 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>6-25-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</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 Steel Tape
Static Water Level (A): <u>44</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
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 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chestman
 Signature of Pump Installer

Form: OLWR-SWR-1B

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