

JUL-24-2008 12:16 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/4

FAXED
7-24-08

871
1st
12"

County Bolivar
 Permit # 61043237
 Driller Ronnie Dill
 Date drilling completed 7-18-08

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
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer _____
 Well # G-233
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Littleton Farms</u>	Latitude: <u>33° 52' 20"</u> Longitude: <u>90° 48' 51"</u>
Mailing Address: <u>834 Henry Hall Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mount Bayou MS 38762</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 3 Twn 23N Rng 6W</u>
Telephone No. <u>(662) 588-2144</u>	Distance _____ Miles Direction _____ Nearest Town _____ of _____
Well / Borehole Data	
Date drilling started: <u>7-18-08</u> Date drilling completed: <u>7-18-08</u> Hole depth: <u>115'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>hauled water from 6 mile lake</u>	
Method of casing and volume of Chlorine used in drilling and development: _____	
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 checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<u>If drilling is not related to water well construction, skip the remainder of this block.</u>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>41</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-19-08</u>	
Method of Measurement (circle one) steel tape <u>electric type</u> air line other: _____	
Well depth: <u>115'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>75</u> feet Casing diameter: <u>12"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>115'</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: <u>N/A</u> feet. <u>If telescoped or more than one screen, describe on next page</u>	

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County Bolivar
Permit #: 01142737
Driller John Rybolt IV
Date completed 7-19-08
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well # G-233
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>Littleton Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>834 Henry Hall Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mound Bayou MS 38762</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> <u>R. 6 W</u>
Telephone No. <u>(662) 588-2144</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-19-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1400</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"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>41</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 _____ 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