

County: Bolivar
 Permit # GW43011 ✓
 Driller: Clarence McMurry
 Date drilling completed: 2-18-09

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-235
 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>Pemble Farm Partnership</u>	Latitude: <u>N 33° 49' 22.7"</u> Longitude: <u>N 90° 47' 03.2"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>McGould</u> <u>MS</u> <u>38769</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 Sec 23</u> <u>Twn 23N</u> <u>Rng 6W</u>
Telephone No. <u>(662) 748-2775</u>	Distance _____ Miles Direction _____ Nearest Town <u>McGould</u>
Well / Borehole Data	
Date drilling started: <u>2-18-09</u> Date drilling completed: <u>2-18-09</u> Hole depth: <u>120'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near by well</u>	
Method of dosing 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): _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ <input checked="" type="checkbox"/> Fish Culture _____ 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>2-19-09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Non Cement</u> Bentonite Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>60</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: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

Replacement Well
 Replaces GW09172

Form: OLWR-SWR-1A (04/08)

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6W43011

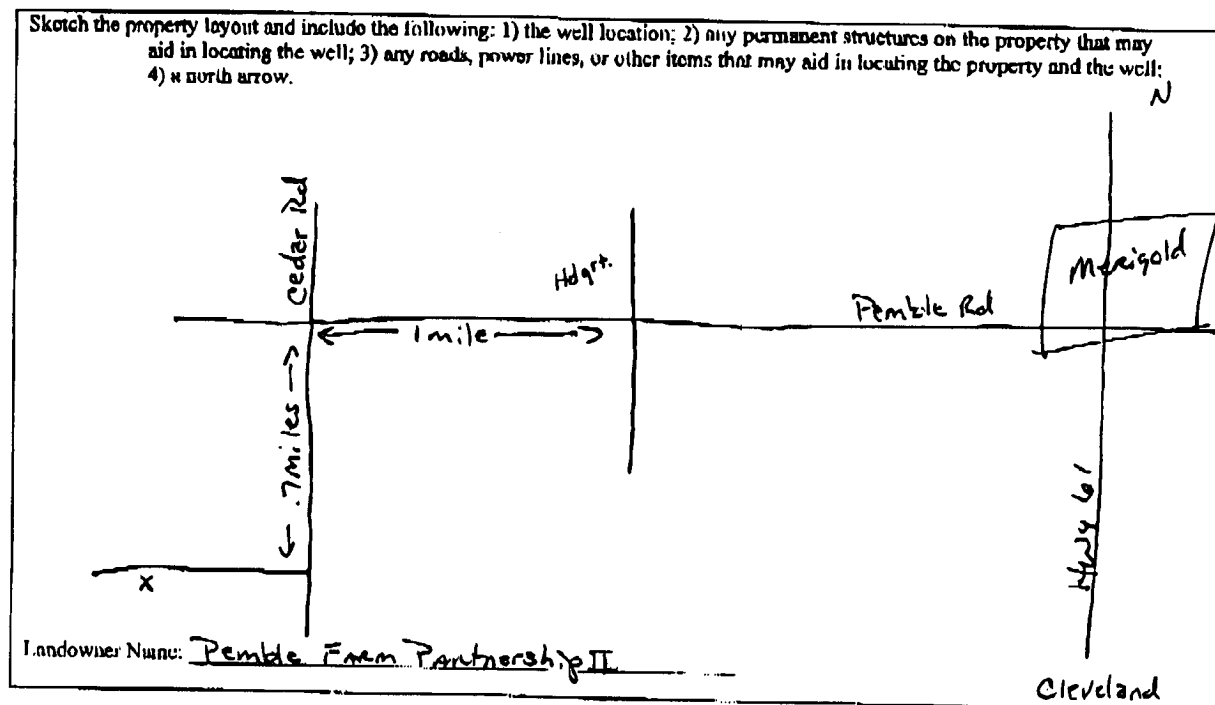
G-235

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

Drawing Station	

[illegible]

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.



Form: OI,WR-SWR-1A (04/08)

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.

Clayton Miller 0-703 2-23-09

Date _____

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: Bolivar
 Permit #: GW43011
 Driller: John Rybolt II
 Date completed: 2-19-09
 Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer _____
 Well #: G-235
 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>Pemble Farm Partnership II</u>	Latitude: <u>N33°49'29.7"</u> Longitude: <u>W90°47'03.2"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Merigold</u> <u>MS</u> <u>38769</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 748-2775</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Merigold</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>2-19-09</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: _____ 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 <u>Electric Measuring Line</u> Steel Tape
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

Existing Pump

Form: OLWR-SWR-1B (04/08)

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