County: Bolivar
Permit #: GW 43098
Driller: David Canady
Date drilling completed: 3-24-09

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-236
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)

Owner Name: Rayner Planting Co./Ross Road LLC
Mailing Address: P.O. Box 325
Marigold MS 38759
City State Zip Code
Telephone No. (662) 721-6294

Well or Borehole Location

Latitude: N33 ° 51 ' 8.75" Longitude: 90 ° 47 ' 08.2" 51 05
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NE ¼ Sec 11 Twp 23N Rng 6W
Distance 3.5 Miles Direction NW of Nearest Town Marigold

Well / Borehole Data

Date drilling started: 3-24-09 Date drilling completed: 3-24-09 Hole depth: 112 Hole diameter: 26
Location of the source of any surface water used for drilling: existing well
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 X 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 X Fish Culture ___ Other:
If a flowing well, method of flow regulation: Valve ___ Other (describe) N/A
Static Water Level: 42 feet above or (below) (circle one) land surface Date measured: 3-30-09
Method of Measurement (circle one) steel tape (electric tape) air line other:
Well depth: 112' Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix
Casing length: 72 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 72 feet to 112 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 next page*

Replacement Well for GW10295

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

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GW 43098

G-236

The sketch below only required for water wells

If well telescopes, show depths on sketch.

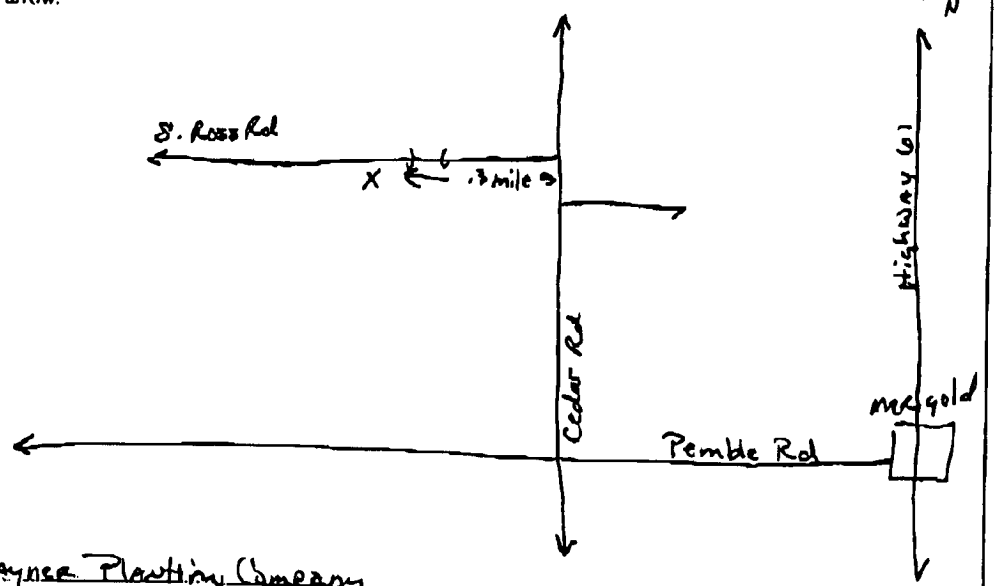
Ground Level

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	15
Clay	15	25
Coarse Sand	25	35
Coarse Sand	35	45
Coarse Sand	45	55
Coarse Sand	55	65
Coarse Sand	65	75
Coarse Sand	75	85
Coarse Sand	85	95
Coarse Sand	95	105
Coarse Sand	105	112

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: Raynee Planting Company

Form: OLWR-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 4-3-09 Clayton Miller

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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BY: OLWR

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 #: GW43098
Driller: David Canady
Date completed: 3-30-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: G-236
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

Owner Name: Rayner Planting Co/Ross Road, LLC
Mailing Address: P.O. Box 325
Marigold MS 38759
City State Zip Code
Telephone No. (662) 721-6294

Well Location

Latitude: N33° 51' 8.15" Longitude: W 90° 47' 08.2"
Method of Lat/Long (check one): Conventional Survey ___
USGS quad ___ Hand-held GPS ___ Survey-grade GPS ___
___ ¼ ___ ¼ Sec ___ T ___ R ___
Distance Direction Nearest Town
___ Miles ___ of ___

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): ___
Date Pump Installed: 3-30-09
Rated Pump Capacity: ___ Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
Electric Motor | Hand | Tractor PTO
Windmill | Other (specify): ___
Horse Power Rating of Motor: 40hp
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
Static Water Level (A): 42 Feet Below Land Surface
Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) – (A)]: N/A Feet Below Land Surface
Test Pumping Rate: N/A Gallons Per Minute
Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify): ___
For flowing well, measured shut in head: N/A feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

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(10/04/06)

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BY: OLW