

#4

County: Boliver
 Permit #: GW-44252
 Driller: Clarence McMurry
 Date drilling completed: 2-3-11

State Well Report
Part I - 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: G 248
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ail Farms</u>	Latitude: <u>N33° 47' 32.17"</u> Longitude: <u>W80° 50' 20.20"</u>
Mailing Address: <u>P.O. Box 307</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Pace</u> <u>MS</u> <u>38264</u>	USGS quad, <u>Hand-held GPS</u> <u>Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 Sec 32</u> <u>Twn 23N</u> <u>Rng 06W</u>
Telephone No. <u>(602) 719-2844</u>	Distance Direction Nearest Town <u>1</u> Miles <u>EAST</u> of <u>Pace</u>

Well / Borehole Data

Date drilling started: 2-3-11 Date drilling completed: 2-3-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch

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: 42 feet above or below (circle one) land surface Date measured: 2-16-11

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

Well depth: 125' Well grouted to a depth of 10 feet 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: 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: N/A feet. *If telescoped or more than one screen, describe on next page*

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 #: GW-44252
 Driller: John Kybolt
 Date completed: 2-14-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G248
 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: A&L FARMS
 Mailing Address: P.O. Box 307
Pace MS 38764
 City State Zip Code
 Telephone No. (662) 719-2844

Well Location
 Latitude: N 33° 47' 32.18" Longitude: W 90° 50' 20.20"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 32 T 23N R 06W
 Distance _____ Direction _____ Nearest Town _____
1 Miles East of Pace

Pump Type
 Circle one
 Air Lift _____ Jet Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 2-14-11
 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: _____
 Setting Depth: 80 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 _____