

MAR-16-2006 16:19 From: MID SOUTH WATER

6628431717

To: 360 0535

P.2/7

Well #2

County Bolivar
 Permit #: 6W40924
 Driller: Mike Wells
 Date drilling completed: 3-13-06

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 #: H-156
 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.

<p>Information on Well Owner <i>(Landscape if borehole is not for a water well)</i></p> <p>Owner Name <u>Pemble Farms</u> Mailing Address: <u>P.O. Box 428</u> <u>Merigold, MS 38759</u> City State Zip Code Telephone No. <u>(662) 721-7734</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 48' 56"</u> Longitude: <u>90° 45' 44"</u> Method of Locating (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 31 Twn 23N Rng 5W</u> Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>Merigold</u></p>
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Well / Borehole Data

Date drilling started: 3-13-06 Date drilling completed: 3-13-06 Hole depth: 125' Hole diameter: 16"
 Location of the source of any surface water used for drilling: NONE USED
 Method of dosing and volume of Chlorine used in drilling and development: 10 LBS IN PIT
 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: 45' feet above or below (circle one) land surface Date measured: 3-13-06
 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: .050 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 lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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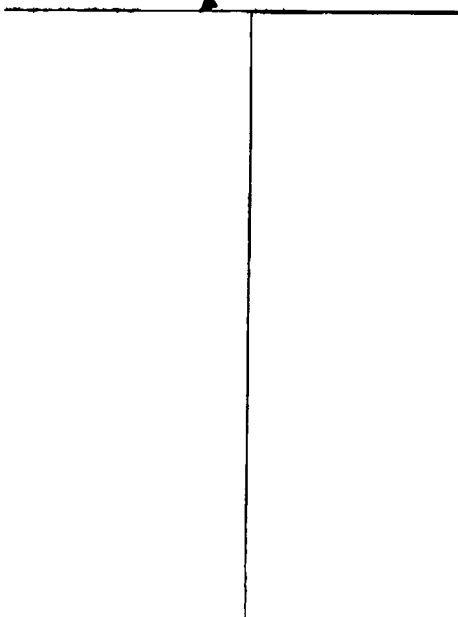
P.37

Well #2 GW40924

H-156

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level _____

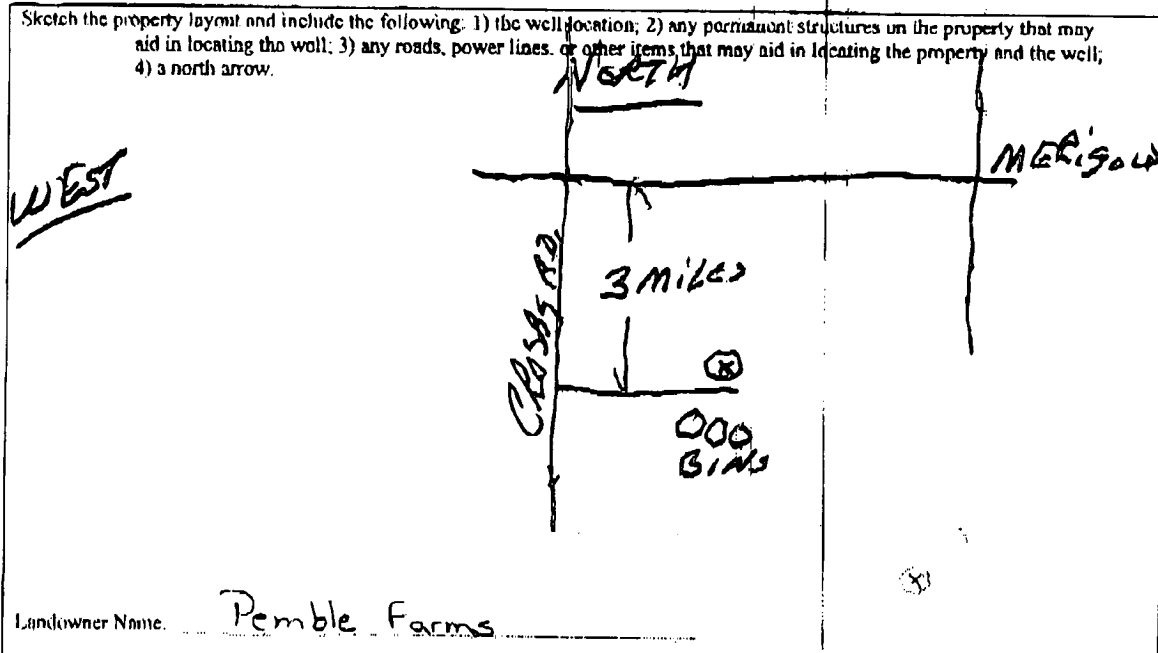


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	Trim (depth)	
	Ground Level	to (depth)
Clay	0	14
Fine Sand	14	70
Course Sand	70	95
Course Sand Gravel	95	125

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: Pemble Farms

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 G. Chrestman 0-703
Print Name of Responsible Licensee and License No.

3-14-06
Date

[Signature]
Signature of Licensee

Well # 2

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 # H-156
 Elevation: _____

County: Bolivar
 Permit #: GW40924
 Driller: Mike Wells
 Date completed: 3-13-06
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>Pemble Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 428</u>	Method of T.M./Long (check one): Conventional Survey _____
<u>Merigold, MS 38759</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 31 T23N R 5W</u>
Telephone No. <u>662 721-7734</u>	Distance Direction Nearest Town
	<u>3 Miles SW of Merigold</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3-14-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>45</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. Christman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman
 Signature of Pump Installer

Well #2

County Bolivar
 Permit # GLR 40924
 Driller: Mike Wells
 Date drilling completed: 3-13-06

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