

JAN-19-2006 09:16 From:

6628431717

To: 360 0535

P. 2/3

### State Well Report

#### Part 1

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-154-186  
 I. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: OW 40923  
 Driller: Mike Wells  
 Date drilling completed: 1-10-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: <u>33° 48' 10"</u> Longitude: <u>90° 45' 14"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Merigold MS 38759</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 31 Twn 23N Rng 5W</u>
Telephone No: <u>(662) 721-7734</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>S.W.</u> of <u>MERIGOLD</u>

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 1-10-06 Date well drilling completed: 1-10-06

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 1-10-06

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 120 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): NOTE: Replace old well SOFT AWAY

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Thomas G. Christman 0-703  
 Print Name of Water Well Contractor and License No.

Thomas G. Christman  
 Signature of Water Well Contractor

JAN-19-2006 09:16 From:

6628431717

To: 360 0535

P.3/3

H-154 186

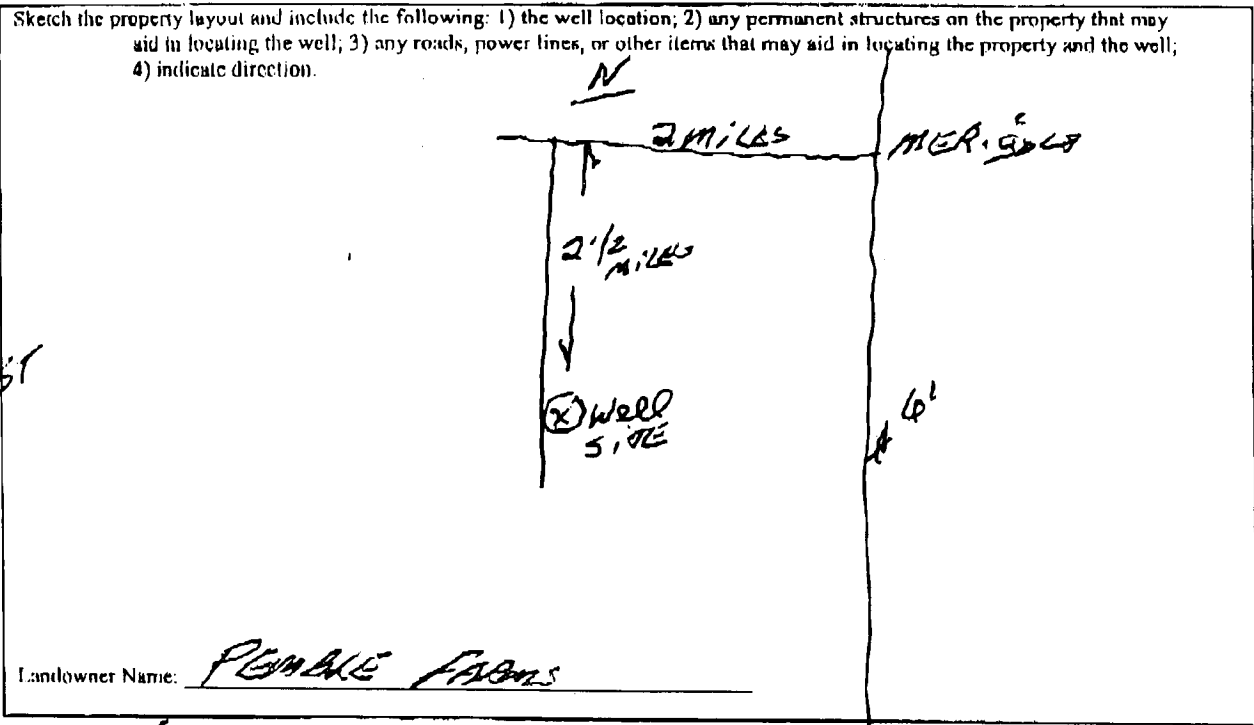
If well telescopes please sketch below and show depths.

Ground Level

GW 40923

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	18	50
Course Sand	50	58
Medium Sand	58	73
Course Sand	73	93
Course Sand & Gravel	93	120

If more than one screen, show location of each on sketch



*Thomas G. Chestnut*  
Signature of Water Well Contractor

MAR-14-2006 10:51 From: MID SOUTH WATER

6628431717

To: 360 0535

P.2/4

# STATE WELL REPORT Well #1

## 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-154-186

Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW40923  
 Driller: Mike Wells  
 Date completed: 1-10-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Merigold, MS 38759</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twp <u>23 N</u> Rng <u>5 W</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 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>60</u>
Date Pump Installed: <u>3-3-06</u>	Soring Depth: <u>83'</u> foot
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 Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>44'</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> foot
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