

Well # 2

County: Bolivar

Permit # GW41013

Driller: Shaw Partridge

Date drilling completed: 4-15-06

State Well Report
Part 1 - 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 #: K-102

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>Dossatt Farms</u>	Latitude: <u>33° 44' 24"</u> Longitude: <u>90° 56' 17"</u>
Mailing Address: <u>203 N. Pearman Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland, MS 38732</u>	<u>N7E, SE1/4 Sec 20 Twn 22N Rng 7W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ of Nearest Town: <u>BALTIMOR</u>
Telephone No: <u>(662) 843-0690</u>	

Well / Borehole Data

Date drilling started: 4-15-06 Date drilling completed: 4-15-06 Hole depth: 122 Hole diameter: 20"

Location of the source of any surface water used for drilling: DRINKING WATER

Method of dosing and volume of Chlorine used in drilling and development: ELBS

Logs run (circle all applicable): No logs 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 N/A Other (describe) _____

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 5/24/06

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

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 72 feet to 122 feet

Type of completion (circle all applicable): Travel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of Inp pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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 #: K- 102
 Elevation: _____

Country: Bolivar
 Permit #: GW 41013
 Driller: Shane Partridge
 Date completed: 4-15-06
 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>Dossatt Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>203 N Pearman Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland, MS 38732</u>	TIGRS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20 T 22N R 7W</u>
Telephone No. <u>(662) 843-0690</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>SE</u> of <u>Berlah</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>4-24-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>25</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

Form: OLWR-SWR-1B

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