

JUN-30-2006 15:03 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/3

472

County Bolivar
 Permit # 6W41174
 Driller: Shane Partridge
 Date drilling completed: 6-20-06

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-103
 L. S. Elevation: _____
 L-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>Bill Vittrano Farms</u>	Latitude: <u>33° 49' 25.3"</u> Longitude: <u>90° 57' 00.0"</u>
Mailing Address: <u>819 Hwy 8</u>	Method of Lat/Long (circle one): Conventional Survey, <u>25</u>
<u>Rosedale MS 38769</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 20 Twp 23N Rng 07W</u>
Telephone No. <u>(602) 588-0274</u>	Distance _____ Miles _____ of _____ Nearest Town
Well / Borehole Data	
Date drilling started: <u>6/20/06</u> Date drilling completed: <u>6/20/06</u> Hole depth: <u>127'</u> Hole diameter: <u>22"</u>	
Location of the source of any surface water used for drilling: <u>old well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1000 lbs</u>	
Logs run (circle all applicable): <u>No log run</u> 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) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <u>X</u> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>mix</u>	
Static Water Level <u>32</u> feet above or below (circle one) land surface Date measured: <u>6/20/06</u>	
Method of Measurement (circle one) steel tape <u>Electric tape</u> air line other: _____	
Well depth: <u>127'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>127</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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 BY: OLWR

JUL-08-2006 09:21 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/2

#473

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)

County: Bolivar
 Permit #: GW4174
 Driller: Shane Partridge
 Date completed: 6-29-04
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: OK-103
 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	Well Location
Owner Name: <u>B.I. Vetrano Farms</u>	Latitude: <u>33° 47' 25.3"</u> Longitude: <u>090° 57' 00.0"</u>
Mailing Address: <u>819 Hwy 8</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Rosedale MS 38769</u>	USGS quad: _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	1/4 Sec <u>5</u> T <u>22N</u> R <u>7W</u>
Telephone No. <u>(662) 588-0274</u>	Distance Direction Nearest Town <u>2</u> Miles <u>N.E.</u> of <u>ARLINGTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-24-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity <u>800</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"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>32</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: _____ 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. Crestman 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer