

### 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)

County Bolivar  
 Permit # 6641221  
 Driller Shane Partridge  
 Date drilling completed: 7-22-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well # L-228  
 I. 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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Rizzo Farms Joint Venture</u>          Mailing Address: <u>2907 Hwy 8 West</u>  <u>Cleveland MS 38732</u>          City State Zip Code          Telephone No. <u>(662) 719-9942</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 46' 20.7"</u> Longitude: <u>90° 48' 36.7"</u>          Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>57</u>          USGS quad, (Hand-held GPS) Survey-grade GPS  <u>SE 1/4 NE 1/4 Sec 9 Twp 22N Rng 6W</u>          Distance Direction Nearest Town  <u>4 Miles West of Cleveland</u></p>
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**Well / Borehole Data**

Date drilling started: 7-22-06 Date drilling completed: 7-22-06 Hole depth: 122' Hole diameter: 26"

Location of the source of any surface water used for drilling: CANAL  
 Method of dosing and volume of Chlorine used in drilling and development: 10 lbs CL<sub>2</sub>

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) N/A

Static Water Level: 4.2 feet above or below (circle one) land surface Date measured: 7-22-06

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: 298.2 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 82 feet to 122.2 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: \_\_\_\_\_ feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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### 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 # 60041221  
 Driller Mike Wells  
 Date completed: 7-22-06  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well # L-228  
 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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Rizzo Farms Joint Venture</u>		Latitude: <u>N 33° 46' 20.7"</u>	Longitude: <u>W 090° 48' 56.7"</u>
Mailing Address: <u>2902 Hwy 8 West</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Cleveland MS 38232</u> City State Zip Code		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(662) 219-9942</u>		SE 1/4 NE 1/4 Sec <input checked="" type="checkbox"/> T <u>22</u> R <u>6</u> S <u>9</u>	
		Distance Direction Nearest Town <u>4 Miles West of Cleveland</u>	

<b>Pump Type</b> Circle one			<b>Power Type</b> 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>7-22-06</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: <u>1</u>		

<b>Pump Test Data</b>		<b>Method of Measuring Water Level</b> Circle one	
Date Well Tested: <u>NOT TESTED</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>42</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface		For flowing well, measured shut in head: <u>N/A</u> feet	
Test Pumping Rate: <u>N/A</u> Gallons Per Minute		Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping	
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 Thomas G. Christman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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