

MAY-16-2008 13:37 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

#768

County Bolivar  
 Permit # 60042508  
 Driller Mike Wells  
 Date drilling completed: 2/19/08

**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 # M-235  
 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<br>(Landowner if borehole is not for a water well)   | Well or Borehole Location  |
|--|--|
| Owner Name <u>Dew Partnership</u><br>Mailing Address: <u>21 Sunrise Dr.</u><br><u>Boyle</u> <u>MS</u> <u>38730</u><br>City State Zip Code<br>Telephone No. <u>(662) 458-7161</u> | Latitude: <u>33° 43' 19.7"</u> Longitude: <u>90° 40' 54.6"</u><br>Method of Lat/Long (circle one): Conventional Survey, <u>55</u><br>U.S.G.S quad, Hand-held GPS, Survey-grade GPS<br><u>N 1/4 Sec 26</u> Twp <u>22N</u> Rng <u>5W</u><br>Distance <u>13</u> Miles Direction <u>South</u> of Nearest Town <u>Cleveland</u> |

**Well / Borehole Data**

Date drilling started: 2/15/08 Date drilling completed: 2/19/08 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: well 300' East  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 41 feet above or below (circle one) land surface Date measured: 2-28-08

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): (Best 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: PC

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 next page*

Form: OLWR-SWR-1

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(601) 42508

M-235

The sketch below only required for water wells

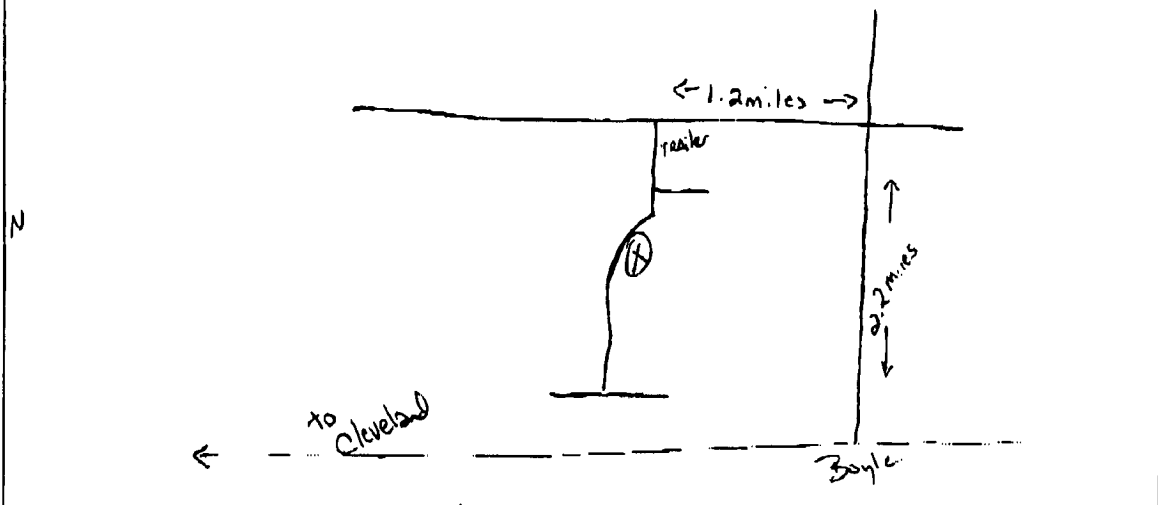
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes show depths on sketch, (Ground Level) →

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top Soil                              | Ground Level | 16         |
| Clay                                  | 16           | 26         |
| Fine SAND                             | 26           | 36         |
| Fine SAND                             | 36           | 46         |
| Fine Sand                             | 46           | 56         |
| Fine Sand & Gravel                    | 56           | 66         |
| Coarse Sand & Gravel                  | 66           | 76         |
| Coarse Sand & Gravel                  | 76           | 86         |
| Coarse Sand & Gravel                  | 86           | 96         |
| Coarse Sand & Gravel                  | 96           | 106        |
| Coarse Sand & Gravel                  | 106          | 116        |
| Coarse Sand & Gravel                  | 116          | 120        |
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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: Deer Partnership

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.

Clayton Miller 0-703 5-16-08

Clayton Miller (Signature)

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_

Well # M-235

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

County: Bolivar  
 Permit #: 0142508  
 Driller: Mike Wells  
 Date completed: 2-28-08  
 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>Dean Partnership</u>   | Latitude: <u>N 33° 43' 19.7"</u> Longitude: <u>W 090° 40' 54.6"</u> |
| Mailing Address: <u>21 Sunrise Dr</u> | Method of Lat/Long (check one): Conventional Survey <u>55</u>       |
| <u>Boyle</u> MS <u>39730</u>          | USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____             |
| City State Zip Code                   | NW ¼ SE ¼ Sec <u>26</u> T <u>22N</u> R <u>5W</u>                    |
| Telephone No: <u>(662) 458-7161</u>   | Distance _____ Direction _____ Nearest Town _____                   |
|                                       | _____ Miles _____ of <u>Cleveland</u>                               |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                    |
|---|---|
| Air Lift Jet Submersible                            | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston <u>Turbine</u>                        | Electric Motor Hand Tractor PTO             |
| Centrifugal Rotary Flowing Well                     | Windmill Other (specify): <u>Gear Drive</u> |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>60</u>      |
| Date Pump Installed: <u>2-28-08</u>                 | Setting Depth: <u>60</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<br>Circle one            |
|---|--|
| Date Well Tested: <u>NOT TESTED</u>                         | Air Line <u>Electric Measuring Line</u> Steel Tape       |
| Static Water Level (A): <u>41</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 _____     |
| Test Pumping Rate: <u>N/A</u> Gallons Per Minute            | <u>N/A</u> feet after <u>N/A</u> 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.  
Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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