

SEP-26-2006 07:18 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/4

### 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 # GW41329  
 Driller Shane Partridge  
 Date drilling completed 9-19-06

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well # N-122  
 L S Elevation: \_\_\_\_\_  
 F-log # \_\_\_\_\_

#537  
②

**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>Dossett Plantation</u>	Latitude: <u>N33° 41' 42.2"</u> Longitude: <u>W091° 01' 02.1"</u>
Mailing Address: <u>P.O. Box 156</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>07</u>
<u>Bentley, MS 38726</u>	USGS quad, <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>IR 1/4, IR 1/4, Sec 1 Twn 21N Rng 8W</u>
Telephone No. <u>(662) 742-3640</u>	Distance Direction Nearest Town <u>4 Miles NW of Benoit</u>

**Well / Borehole Data**

Date drilling started: 9-19-06 Date drilling completed: 9-19-06 Hole depth: 19' Hole diameter: 27"

Location of the source of any surface water used for drilling: WELLS  
 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 N/A Other (describe) \_\_\_\_\_

Static Water Level: 28' feet above or below (circle one) land surface Date measured: 9-21-06

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

Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one) Cont. Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 115 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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P.3/4

N-122

The sketch below only required for water wells

If well telescopes, show depths on sketch.

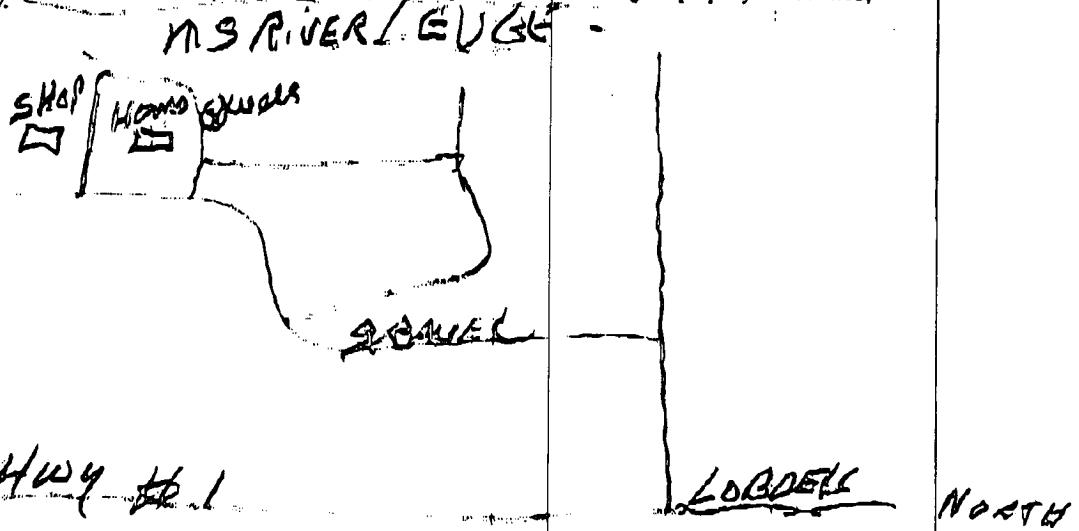
Ground Level  GW41329

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

Description of Formations Encountered	From (depth)	To (depth)
Clay & Fine Sand	Ground Level	14
Medium Sand	14	24
Medium Sand	24	34
Coarse Sand & Gravel	34	44
Coarse Sand	44	54
Coarse Sand	54	64
Coarse Sand	64	74
Fine Sand	74	81
Coarse Sand & Gravel	81	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Coarse Sand & Gravel	104	114
Coarse Sand & Gravel & Clay	114	117

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: DIXON ROBERT

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.

Print Name of Responsible Licensee and License No. Thomas G Christman 0-003

Date 9/25/06

Signature of Licensee Thomas G. Christman

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P.4/4

(5)

### 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 # 6W41329  
 Driller Scott Hood  
 Date completed 9-21-06  
*Copy information from block on Part 1.*

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well # N-122  
 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>Dossett Plantation</u>	Latitude: <u>N 33° 41' 47.2"</u> Longitude: <u>W 091° 01' 07.1"</u>
Mailing Address: <u>P.O. Box 156</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Beulah MS 38726</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 742-3640</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>NW</u> of <u>Beulah</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> <u>Diesel Engine</u>	Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>9-21-06</u>	Setting Depth: <u>70</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 Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>28'</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	_____ 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. Chestman 0-703 Thomas G. Chestman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-SWR-18  
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