

APR-19-2007 13:44 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

547
②

County: Bolivar
 Permit #: GW 41680
 Driller: David Canady
 Date drilling completed: 3-16-07

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 #: Q-115
 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>Larry Davis Farms</u>	Latitude: <u>N 33° 39' 30.9"</u> Longitude: <u>W 90° 52' 02.7"</u>
Mailing Address: <u>1320 Hutton Rd.</u>	Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>03</u>
<u>Shaw</u> MS <u>38773</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 24 Twn 21n Rng 7W</u>
Telephone No. <u>(662) 588-9132</u>	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Longwood</u>

Well / Borehole Data

Date drilling started: 03-16-07 Date drilling completed: 03-16-07 Hole depth: 124' Hole diameter: 28"

Location of the source of any surface water used for drilling: OLD WELL

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: 39' feet above or below (circle one) land surface Date measured: 3/24/07

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

Well depth: 124' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 74' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50' feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 74' feet to 124' feet

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

Other (describe): _____

Top of top pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Note: Replacement Well

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P. 3/4

GW 41680

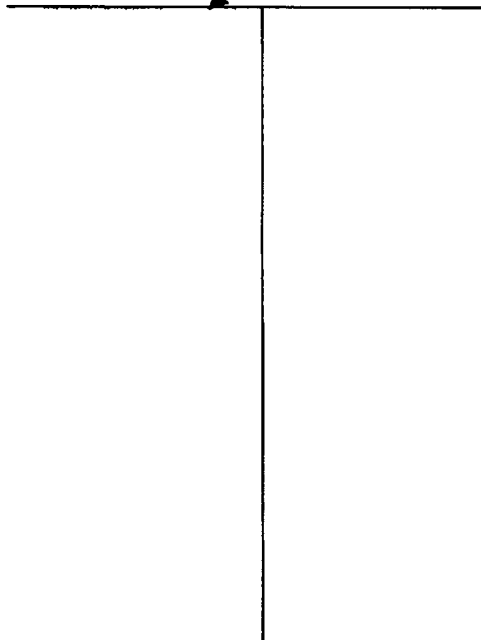
Q-115

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.

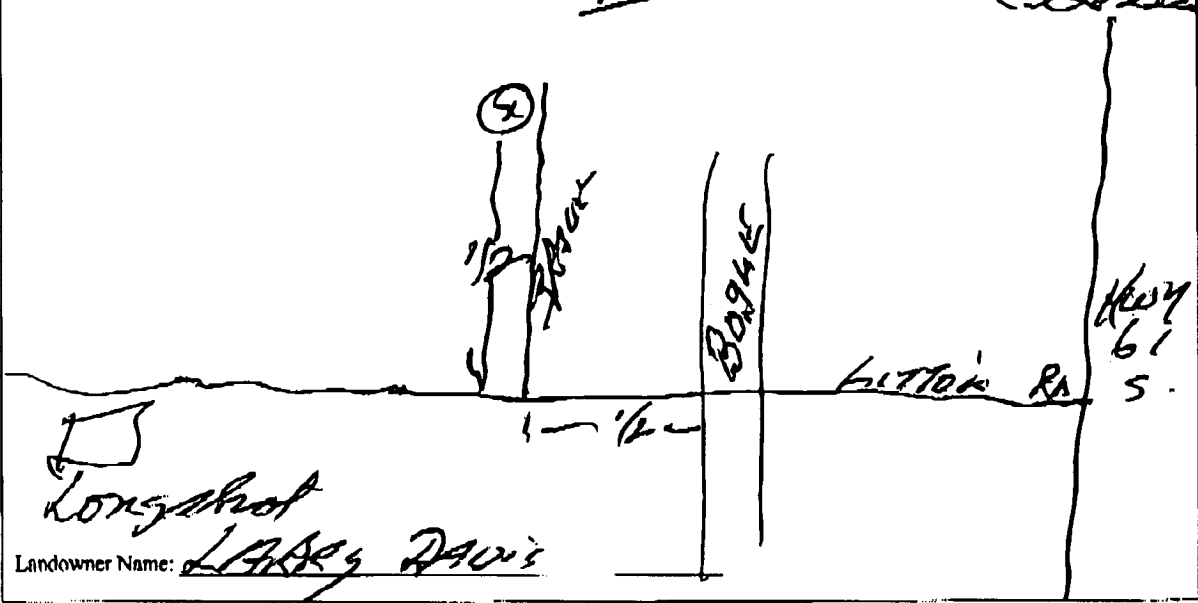
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	14
Fine Sand	14	24
Coarse Sand & Gravel	24	124

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.



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.

THOMAS G. CHESTMAN 0-703

4/18/07

THOMAS G. CHESTMAN

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

APR-19-2007 13:44 From: MID SOUTH WATER 6628431717 To: 601 360 0535 P. 4/4

#600
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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 #: 9-115
 Elevation: _____

County Bolivar
 Permit # 6W41680
 Driller Mike Wells
 Date completed: 3-23-07
 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>Larry Davis Farms</u>	Latitude: <u>N 53° 39' 30.9"</u> Longitude: <u>W 090° 52' 04.2"</u>
Mailing Address: <u>1320 Lithon Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Shaw</u> MS <u>38773</u>	<u>NE 1/4 NE 1/4 Sec 24 T 21N R 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 588-9132</u>	<u>2</u> Miles <u>E</u> of <u>Lough</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>40</u>
Date Pump Installed: <u>3-24-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>39'</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 _____ 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 Thomas G. Christman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer