

JUN-10-2006 08:59 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/3

460

Part 2 never received 3/13

County: Bolivar
 Permit #: 6-11-41693
 Driller: Shane Partridge
 Date drilling completed: 6-7-06

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-193
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>W & B Farms</u> Mailing Address: <u>2606 O'Reilly Rd</u> <u>Boyle, MS 38732</u> City State Zip Code Telephone No: <u>(662) 721-5569</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N35° 27' 54.3"</u> Longitude: <u>W 90° 45' 00.4"</u> Method of Lat/Long (circle one): <u>54</u> Conventional Survey, USGS (quad), Hand-hold GPS, Survey-grade GPS <u>N 1/4 SE 1/4 Sec 16 Twn 21n Rng 5w</u> Distance Direction Nearest Town <u>18</u> Miles of _____</p>
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Well / Borehole Data

Date drilling started: 6-7-06 Date drilling completed: 6-7-06 Hole depth: 141' Hole diameter: 22"

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 LB 225

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: 42 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 141 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 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 90 feet to 50 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*

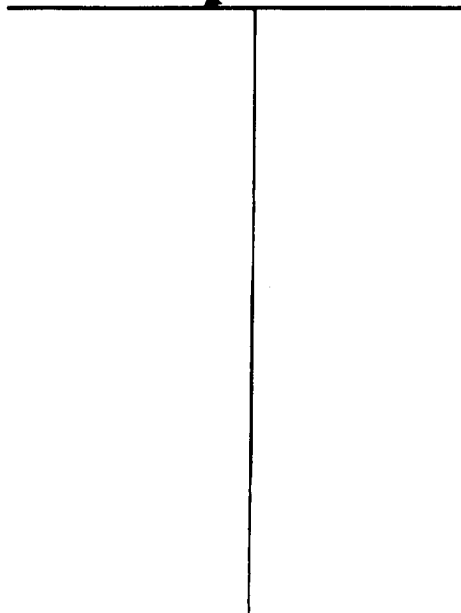
60041093

Q-193

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

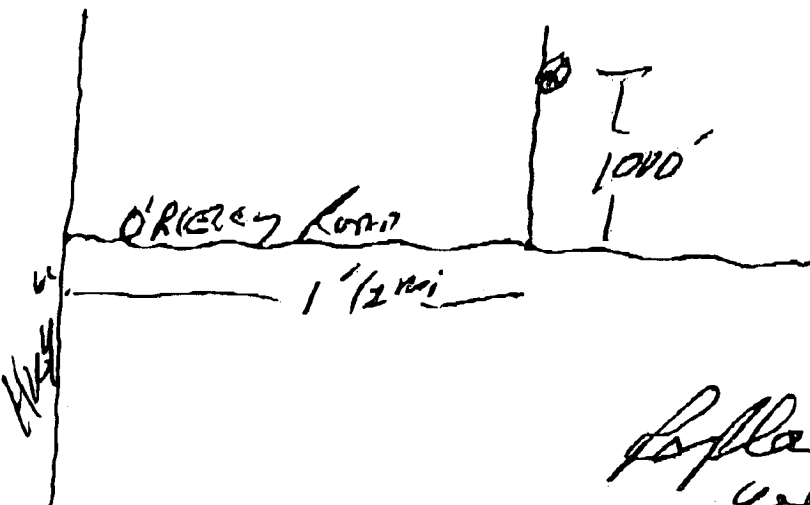


Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	11
Fine Sand	11	21
Coarse Sand	21	31
Fine Sand	31	41
Fine Sand	41	51
Coarse Sand + Gravel	51	61
Coarse Sand + Gravel	61	71
Coarse Sand + Gravel	71	81
Coarse Sand + Gravel	81	91
Coarse Sand + Gravel	91	101
Coarse Sand + Gravel	101	111
Coarse Sand + Gravel	111	121
Coarse Sand + Gravel	121	131
Coarse Sand + Gravel	131	141

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



Replace old well @ site

Landowner Name: W & B Farms

Form: OLWR-SWR-1A

I certify that the well/borchole 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. Christman 0-703

6-9-06

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee