

AUG-09-2006 06:53 From: MID SOUTH WATER

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To: 601 360 0535

P.2/4

#525

County Bolivar
 Permit # QW 40029
 Driller: Shane Partridge
 Date drilling completed: 8-7-06

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-194
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Joe Reed Company</u> Mailing Address: <u>P.O. Box 145</u> <u>Boyle MS 38730</u> City State Zip Code Telephone No. <u>(662) 721 5200</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N 33° 41' 03.1"</u> Longitude: <u>W 90° 42' 39.5"</u> Method of Lat/Long (circle one): <u>03</u> Conventional Survey, <u>38</u> USGS quad/ Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 10 Twn 21N Rng 5W</u> Distance Direction Nearest Town <u>.5 Miles South of Boyle</u></p>
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Well / Borehole Data

Date drilling started: 8-7-06 Date drilling completed: 8-7-06 Hole depth: 132' Hole diameter: 26"

Location of the source of any surface water used for drilling: 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: 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: 132 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 103 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 72 feet to 132 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 NOTE: 15 FT BLANK IN SCREEN 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-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)

For Office Use Only:

Aquifer _____
 Well # Q-194
 Elevation _____

County: Bolivar
 Permit # OLW40029
 Driller: Scott Hood
 Date completed: 8-8-06
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>Joe Reed Company</u>	Latitude: <u>N33° 41' 03.1"</u> Longitude: <u>W096° 42' 38.5"</u>
Mailing Address: <u>P.O. Box 145</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>03</u> <u>39</u>
<u>Boyle</u> <u>MS</u> <u>38730</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>10</u> T <u>21</u> R <u>5</u> W
Telephone No. <u>(662) 721-8200</u>	Distance _____ Direction _____ Nearest Town _____ <u>1.5</u> Miles South of <u>Boyle</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Ducket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>75</u>
Date Pump Installed: <u>8-8-06</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"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>42</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 0-203
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman
 Signature of Pump Installer

Form: OLWR-SWR-1B

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