

Apr 19 05 03:27p

Mid-South Water

(662)843-1717

p. 2

Job 194

Part 2 never received 3/13

State Well Report

Part 1

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 #: R-179
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: GW41791
 Driller: Mike Wells
 Date drilling completed: 4-2-05

Mid-South Water and Machine Works, Inc

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| | | | |
|--|--|---|--------------------------------|
| Well Owner Information | | Well Location | |
| Owner Name: <u>Five M Farming Enterprise</u> | Mailing Address: <u>111 Creekmore Rd</u> | Latitude: <u>N 33 34 633</u> | Longitude: <u>W 091 02 355</u> |
| <u>Greenville MS 38701</u> | Telephone No. <u>(662) 822-1936</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> | USGS quad: _____ |
| City: _____ State: _____ Zip Code: _____ | | NW 1/4 SW 1/4 Sec <u>46</u> Twn <u>20</u> Rng <u>8W</u> | |
| | | Distance: <u>2</u> Miles Direction: <u>East</u> of Nearest Town: <u>Scott, MS</u> | |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-2-05 Date well drilling completed: 4-2-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 10'-6" feet above or below (circle one) land surface Date measured: 4-2-05

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

Hole depth: 107' Well depth: 107' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 67 feet to 107 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Thomas O Christman 0-703 *Thomas O Christman*
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

