

Apr 29 05 12:16p

Mid-South Water

(662)843-1717

p. 3

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-181
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: MS6W 40142
 Driller: Mike Wells
 Date drilling completed: 4-4-05

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>Leland Farms, LLC</u>	Latitude: <u>N33° 35' 144"</u> Longitude: <u>W091° 01' 207"</u>
Mailing Address: <u>7718 Valentine Rd</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>14</u>
<u>North Little Rock, AR 72117</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec. <u>15</u> Twn <u>20N</u> Rng <u>8W</u>
Telephone No. () <u>822-1936</u>	Distance <u>212</u> Miles Direction <u>EAST</u> of Nearest Town <u>SCOTT</u>

Well Data

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

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

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 108' Well depth: 108' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68' feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 68' feet to 108' feet

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

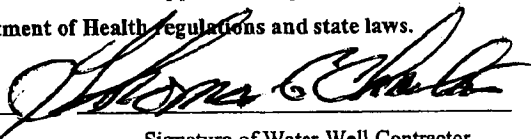
Other (describe): _____

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 G. Christman 0-703 

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Apr 29 05 12:16p

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p. 2

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 #: R-181
 Elevation: _____

County: Bolivar
 Permit #: MS6W 40142
 Driller: Mike Wells
 Date completed: 4/4/05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>Heland Farms, LLC</u> Mailing Address: <u>7718 Valentine Rd.</u> <u>N. Little Rock, AR</u> <u>72117</u> City State Zip Code Telephone No. <u>(501) 822-1936</u></p>	<p align="center">Well Location</p> <p>Latitude: <u>N33° 35.144'</u> Longitude: <u>W091° 01.237'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW ¼ NW ¼ Sec 15 Twn 20N Rng 8W</u> Distance Direction Nearest Town <u>2.5 Miles E of Scott</u></p>
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<p align="center">Pump Type Circle one</p> <p>Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4/13/05</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute</p>	<p align="center">Power Type Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill <u>Other (specify): Gear Drive</u> <u>1:1 Ratio</u> Horse Power Rating of Motor: _____ Setting Depth: <u>60</u> feet Number of Stages: <u>2</u></p>
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<p align="center">Pump Test Data</p> <p>Date Well Tested: <u>Not Tested</u> Static Water Level (A): <u>15</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours</p>	<p align="center">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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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