

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)

County: BOLIVAR
 Permit # _____
 Driller: Bryant Flowers
 Date drilling completed: 6-5-08

For Office Use Only:
 Aquifer: _____
 Well # 5-127
 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>American AG</u>	Latitude: <u>N33° 33' 45.0"</u> Longitude: <u>W90° 53' 32.0"</u>
Mailing Address: <u>3079 Litten Rd</u>	Method of LAT/Long (circle one): Conventional Survey.
<u>Shaw</u> MS <u>38773</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> Twn <u>20N</u> Rng <u>7W</u>
Telephone No. <u>(662) 390-6114</u>	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Choctaw</u>

Well / Borehole Data

Date drilling started: 6-5-08 Date drilling completed: 6-5-08 Hole depth 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water in
 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: 35 feet above or below (circle one) land surface Date measured: 6-10-08

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 120 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*

NEW WELL

Form: OLWR-SWR-1A

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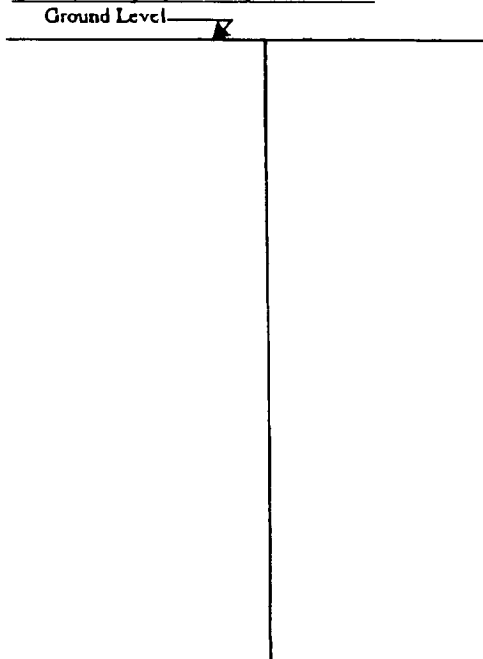
JUN 10 2 008

BY: OLWR

The sketch below only required for water wells

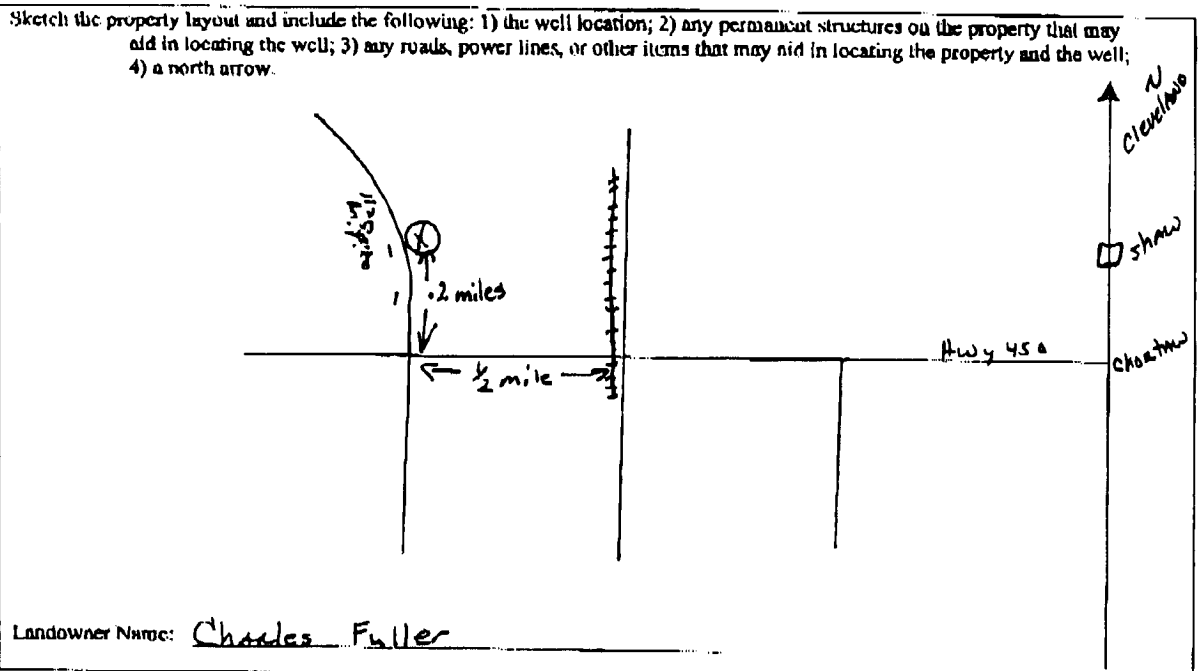
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	14
Clay & Sand	14	24
Coarse Sand & Gravel	24	74
Coarse Sand & Gravel	74	120

If more than one screen, show location of each on sketch



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.

Clayton Miller 0-703 2-2-08
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee

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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)

County: Baldwin
 Permit # _____
 Driller: John Rybolt IV
 Date completed: 6-10-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: S-127
 Elevation: _____

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>American AG</u> Mailing Address: <u>3079 Linton Rd</u> <u>Shaw</u> MS <u>38773</u> City State Zip Code Telephone No. <u>(662) 390-6114</u>	Latitude: <u>N33° 33' 45.0"</u> Longitude: <u>W90° 53' 32.0"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 23 T 20N R 7W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Hocket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-10-08</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): <u>Submersible</u> Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u> Static Water Level (A): <u>35</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	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR