

JUN-30-2006 07:44 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

FAXED
6-25-06

#409

County: Bolivar
 Permit #: GW41190
 Driller: Shane Partridge
 Date drilling completed: 6/15/06

State Well Report Part I - 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 #: T-185
 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>Morgan Brothers Farms</u>	Latitude: <u>N 33° 36' 30"</u> Longitude: <u>W 090° 50' 46.6"</u>
Mailing Address: <u>P.O. Box 369</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland, MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 SW 1/4 Sec 5 Twp 20N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town <u>4 Miles W of Shaw</u>
Telephone No: <u>(662) 719-3389</u>	

Well / Borehole Data

Date drilling started: 6/15/06 Date drilling completed: 6/15/06 Hole depth: 123' 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 LBS CL₂

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

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

Well depth: 123' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 63 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 63 feet to 113 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

Replaces GW12613

Form: OLWR-SWR-1A

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FAXED
(6-29-06)

#420

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 #: T-185
 Elevation: _____

County: Bal. Van
 Permit #: 6W 41190
 Driller: Shane Patridge
 Date completed: 6-16-06
 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>Morgan Brothers Farms</u>	Latitude: <u>N 33° 36' 30.3"</u> Longitude: <u>W 090° 50' 46.6"</u>
Mailing Address: <u>P.O. Box 369</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>30</u> <u>96</u>
<u>Cleveland MS 38730</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>20N</u> R <u>6W</u>
Telephone No. <u>(662) 719-3389</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-16-06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> 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. Chrestman 0-203
 Print Name of Pump Installer and License No. (if applicable)

Shane G. Chrestman
 Signature of Pump Installer

Form: OLWR-SWR-18

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