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)

County: Bolivar
Permit #: GW41545
Driller: Irrigation Equipment
Date drilling completed: 2-23-07

For Office Use Only:
Aquifer:
Well #: T-188
L. S. Elevation:
E-log #:

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

Owner Name: Mary Emberly Wood Trust
Mailing Address: c/o AmSouth Bank
Box 548
Greenwood MS 38930
City State Zip Code
Telephone No. (800-267-6884)
Contact: Bob Morgan

Well Location

Latitude: 33 34 46.7 " Longitude: 90 48 47.0 "
Method of Lat/Long (circle one): Conventional Survey, GPS
USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ SW ¼ Sec 15 Twn 20N Rng 6W
Distance 2 Miles Direction SW of Nearest Town Shaw

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 2-23-07 Date well drilling completed: 2-23-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 38' feet above or (below) (circle one) land surface Date measured: 2-24-07
Method of Measurement (circle one) (steel tape) electric tape air line other:
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC160
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC160
Screen slot size: .050 inches Setting depth: From 87 feet to 126 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: _____ 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695
Print Name of Water Well Contractor and License No.

Patrick M Chism
Signature of Water Well Contractor

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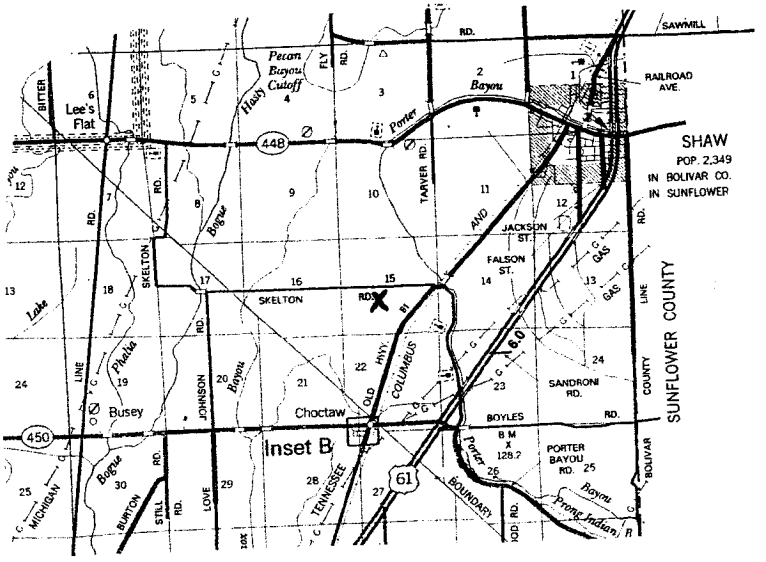
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	25
Fine Sand/gravel	26	45
Med. Sand	46	53
Med. Sand/gravel	54	126

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: _____

Patrick

Signature of Water Well Contractor

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: Bolivar
Permit #: GW 41545
Driller: Irrigation Equipment
Date completed: 2-23-07

For Office Use Only:
Aquifer:
Well #: J-188
Elevation:

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

Well Owner Information

Owner Name: Mary Emberly Wood Trust
Mailing Address: c/o AmSouth Bank
Box 548
Greenwood MS 38930
City State Zip Code
Telephone No. (____)

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 15 Twn 20N Rng 6W
Distance 2 Miles Direction SW of Nearest Town Shaw

Pump Type
Circle one

Air Lift | Jet | (Submersible) | Bucket | Piston | Turbine | Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 2-24-07
Rated Pump Capacity: 750 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas | (Electric Motor) | Hand | Tractor PTO | Windmill | Other (specify): _____
Horse Power Rating of Motor: 15
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ 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.

Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism
Signature of Pump Installer

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MAR 12 2007
BY: OLWR