

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: CALHOUN
Permit #: _____
Driller: PARKS + PARKS WELL SERVICE
Date drilling completed: 1-23-2007

For Office Use Only:
Aquifer: _____
Well #: N-36
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>GARYS Hog FARMS</u>	Latitude: <u>33° 46' 23"</u> Longitude: <u>89° 22' 06"</u>
Mailing Address: <u>46 CR 386</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CALHOAN CITY MS 38916</u>	<u>SE 1/4 NE 1/4 Sec 17 Twn 22N Rng 9E</u>
City State Zip Code	Distance Direction Nearest Town <u>1 1/2 Miles NW of SLATE SPRINGS MS</u>
Telephone No. ()	

Well / Borehole Data

Date drilling started: 11/6/06 Date drilling completed: JAN 23, 07 Hole depth: 286 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: EXISTING WELL
Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): M.S.G.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: Hog Farm

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

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

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

Well depth: 120 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From _____ feet to _____ 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 next page*

Form: OLWR-SWR-1A

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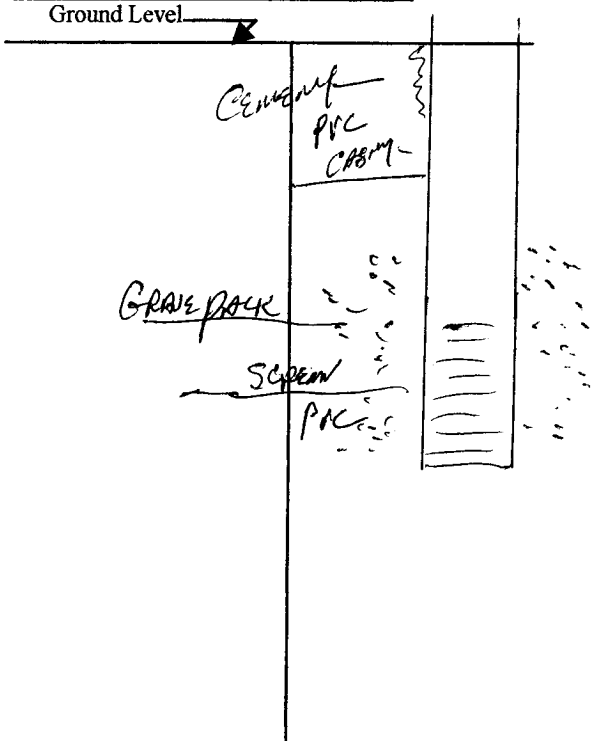
FEB 16 2007

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

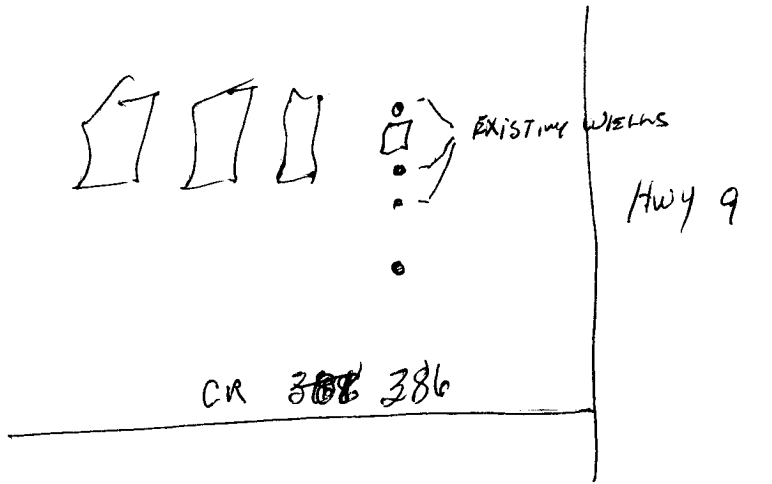
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	7
SAND	7	58
SAND & CLAY	58	120
CLAY	120	285

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) a north arrow.



Landowner Name: _____

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.

Rayburn Parks 0-414
 Print Name of Responsible Licensee and License No.

JAN 31, 2007
 Date

Rayburn Parks
 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: Calhoun
 Permit #: _____
 Driller: PARKS + PARKS WATER SERVICE
 Date completed: 1-25-2007
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-36
 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>GARYS HOOP FARMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>46 CR 386</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Calhoun City MS 38916</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>22N</u> R <u>9E</u>
	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>NW</u> of <u>STATE SPRINGS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: _____	Setting Depth: <u>112</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-25-2007</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>66</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>87</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Rayburn Parks 0-414 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form 10-01-01
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