

State Well Report

Part I

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 #: A-52
L. S. Elevation: _____
E-log #: _____

County: Carroll
Permit #: 6091387
Irrigation Equipment
Driller: _____
Date drilling completed: 10-18-05

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
Mississippi Five Star, LLC Owner Name c/o Etheridge Enterprise Inc. Mailing Address: 660 Lakeland East Drive, Suite 100 Jackson, MS 39232 City State Zip Code Telephone No. ()	Latitude: <u>33° 46' 28" N</u> Longitude: <u>90° 04' 49" W</u> <u>36 11 18</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 1/4 NW 1/4 Sec 15 Twn 20N Rng 2E Distance Direction Nearest Town <u>4 Miles South of Avalon</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: WM
Date well drilling started: 10-18-05 Date well drilling completed: 10-18-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 14' feet above or below (circle one) land surface Date measured: 10-19-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 86 Well depth: 86' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 46 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 47 feet to 86 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.

Signature of Water Well Contractor

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A.

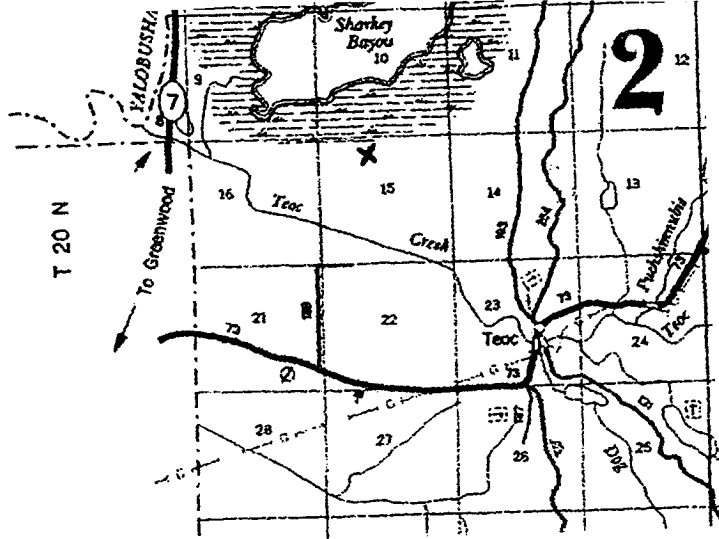
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	28
Fine Sand/gravel	29	39
Med. Sand/gravel	40	84
Clay	85	86

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: _____

Pat M. Chi

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: Carroll
 Permit # 60040387
 Irrigation Equipment
 Driller: _____
 Date completed: 10-19-05

For Office Use Only:

Aquifer: _____
 Well #: A-52
 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	Well Location
Mississippi Five Star, LLC Owner Name: _____ c/o Etheridge Enterprise Inc. Mailing Address: _____ 660 Lakeland East Drive, Suite _____ Jackson, MS 39232 ¹⁰⁰ City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE _{1/4} NW _{1/4} Sec <u>15</u> Twn <u>20N</u> Rng <u>2E</u> Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Avalon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-19-05</u> Rated Pump Capacity: <u>2200</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	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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