

County Cochise
 Permit # 411675
 Driller Shane Partridge
 Date drilling completed 4-11-07

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)

For Office Use Only
 An. Ser. _____
 Well # F84
 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 (Leave blank if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Rives Neblett/Sunrise Farm</u>	Latitude <u>N 34° 15' 45.2"</u> Longitude <u>W 88° 28' 36"</u>
Mailing Address <u>P.O. Box 63</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey <u>53</u>
<u>Shelby</u> <u>MS</u> <u>38774</u>	<u>521-905</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 210 Twp 25N Rng 3W</u>
Telephone No. <u>(662) 843-4076</u>	Distance <u>6</u> Miles Direction <u>NE</u> of <u>Nearest Town</u>

Well / Borehole Data

Date drilling started: 4-11-07 Date drilling completed: 4-11-07 Hole depth 117' Hole diameter 27"

Location of the source of any surface water used for drilling: CANAL

Method of casing and volume of Chlorine used in drilling and development: 5003 Chlorine

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 17' 5" feet above or (below) (circle one) land surface Date measured 4/13/07

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

Well depth 117' Well grouted to a depth of 10 feet Type of grout (circle one): Neat cement Bentonite Mix

Casing length 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 117 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 as much as possible*

411675

REC-111
 Form OLR-SW 2-1A

YMD JOINT WATER
 MANAGEMENT DISTRICT

County Cochosoma
 Permit # 6041675
 Driller Shane Partidge
 Date drilling completed: 4-11-07

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)

For Office Use Only:
 Aquifer _____
 Well # F-86
 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>Rives Neblett/Sunrise Farm</u>	Latitude: <u>N 34° 15' 45.7"</u> Longitude: <u>W 90° 28' 53.6"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey <u>53</u>
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad: <u>NE 1/4 Sec 26 Twp 28N Rng 3W</u>
City State Zip Code	Distance <u>6</u> Miles <u>NE</u> Direction of <u>CLARKSDALE</u> Nearest Town
Telephone No. <u>(662) 843-4076</u>	

Well / Borehole Data

Date drilling started: 4-11-07 Date drilling completed: 4-11-07 Hole depth: 117' Hole diameter: 27"

Location of the source of any surface water used for drilling: CANAL

Method of dosing and volume of Chlorine used in drilling and development: 5 LBS Chlorine

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: 17' 5" foot above or below (circle one) land surface Date measured: 4/13/07

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

Well depth: 117' Well grouted to a depth of 10 feet Type of grout (circle one): Real Cement Mortarite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 117 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

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 # F-86

Elevation _____

County Coahoma
Permit # 6W 41675
Driller: Scott Head
Date completed: 4-13-07
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>Rives Neblett/Sunrise Farm</u>	Latitude: <u>N34°15'45.7"</u> Longitude: <u>W090°28'53.6"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Locating (check one): Conventional Survey _____ 46 53
<u>Shelby</u> MS <u>38774</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>26</u> T <u>28</u> N R <u>3</u> W
Telephone No. <u>(662) 843-4076</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NE</u> of <u>CLARKSDALE</u>

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: <u>10</u>
Date Pump Installed: <u>4-13-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

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): <u>17'5"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ 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. Christman 0-703 Thomas G. Christman
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B