

#646

Part 2 never received

County Holmes
 Permit # GW41879
 Driller Eric Galbreath
 Date drilling completed: 6-7-07

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 #: B-47
 I. 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Buck Harris Planting Co.</u> Mailing Address: <u>262 Ollie Rd.</u> <u>Cruger MS 38924</u> City State Zip Code Telephone No. <u>(662) 458-6451</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 19' 59" N</u> Longitude: <u>101° 13' 29" W</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad <u>SW 1/4 Sec 20 Twn 17N Rng 1E</u> Distance Direction Nearest Town <u>1/2 Miles South of Cruger</u></p>
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Well / Borehole Data

Date drilling started: 6-7-07 Date drilling completed: 6-7-07 Hole depth: 124' Hole diameter: 26"

Location of the source of any surface water used for drilling: OSD WELL
 Method of casing and volume of Chlorine used in drilling and development: _____

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: 15 feet above or below (circle one) land surface Date measured: 6-8-07

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 85 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 85 feet to 125 feet

Type of completion (circle all applicable): Gravel packed _____ Underdrilled _____ 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

NOTE: REPLACES OLD WELL
 IS NOT AWAY -

Replace GW03695

RECEIVED

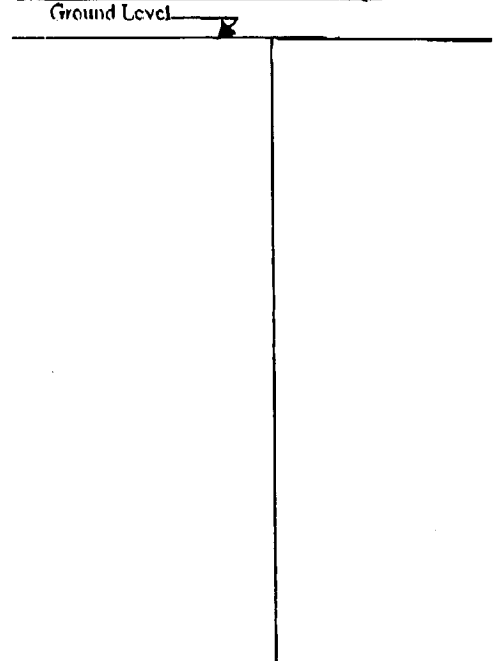
JUN 27 2007

BY: OLWR

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

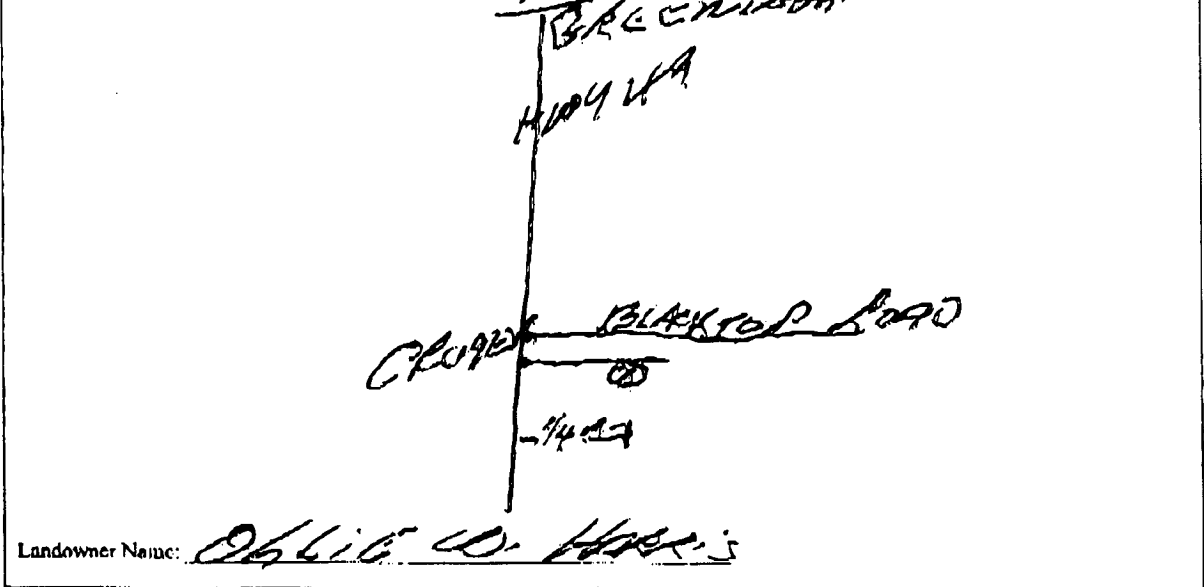
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay & Medium Sand	Ground Level	14
Medium Sand	14	24
Medium Sand & Coarse Sand	24	34
Medium Sand & Coarse Sand	34	44
Fine Sand	44	46
Coarse Sand & Gravel	46	51
Medium Sand	51	54
Medium Sand	54	61
Coarse Sand	61	64
Coarse Sand	64	74
Fine Sand & Coarse sand	74	84
Medium Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Coarse Sand & Gravel	104	114
Coarse Sand & Gravel	114	124

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.



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.

Print Name of Responsible Licensee and License No. Thomas G. Chestman 023 Date 6/27/07 Signature of Licensee Thomas G. Chestman

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