

Part 2 never received 4/13

County: Leflore
 Permit #: GW-45066
 Driller: Irrigation Equipment
 Date drilling completed: 6-5-2011

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-6210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N141
 L. S. Elevation: _____
 B-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>Robert Barham</u>	Latitude: <u>33.2639.9</u> Longitude: <u>90.1603.7W</u>
Mailing Address: <u>c/o Big Sandy Planting</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>51736 County Road 555</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon MS 38954</u>	NW <input type="checkbox"/> NE <input checked="" type="checkbox"/> Sec <u>11</u> Twn <u>18N</u> Rng <u>1W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>east</u> of Nearest Town <u>Quito</u>
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 6-5-11 Date drilling completed: 6-5-11 Hole depth: 95 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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

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

Well depth: 95 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 12 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 12 inches Type of screen: pvc

Screen slot size: .050 inches Setting depth: From 56 feet to 95 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 (04/08)

Triple M Irrigation will set pump (40hp Sub.)

2141

The sketch below only required for water wells

If well telescopes, show depths on sketch
Ground Level →

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

Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	17
clay	18	34
Fine sand	35	51
Coarse sand	52	93
Fine sand	94	95

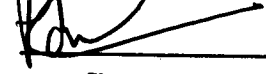
If more than one screen, show location of each on sketch

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: Barham/Big Sandy Planting

Form: OLWR-SWR-1A (04/08)

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.

Patrick M. Chism 0695 

Print Name of Responsible Licensee and License No. Date Signature of Licensee