

Job #9196

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JUL 20 2009

County: Panola
 Permit #: GW43272
 Driller: Pete Seppington
 Date drilling completed: 6-12-09

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)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: BY: OLWR
 Well #: P48
 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>Billbo Farms</u>	Latitude: <u>34° 16' 617" N</u> Longitude: <u>90° 08' 232" W</u> 37 14
Mailing Address: <u>Farmer's Locke Bro.</u> <u>351 Bill Locke Rd</u> <u>Marks MS 38646</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 27 Twn 9S Rng 9W</u>
Telephone No. <u>(662) 326-2150</u>	Distance Direction Nearest Town <u>10 Miles E-NE of Marks, MS</u>

Well / Borehole Data

Date drilling started: 6-12-09 Date drilling completed: 6-12-09 Hole depth: 100' Hole diameter: 16"

Location of the source of any surface water used for drilling: Nearby Lake
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10ppm

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: 20 feet above or below (circle one) land surface Date measured: 6-12-09

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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*

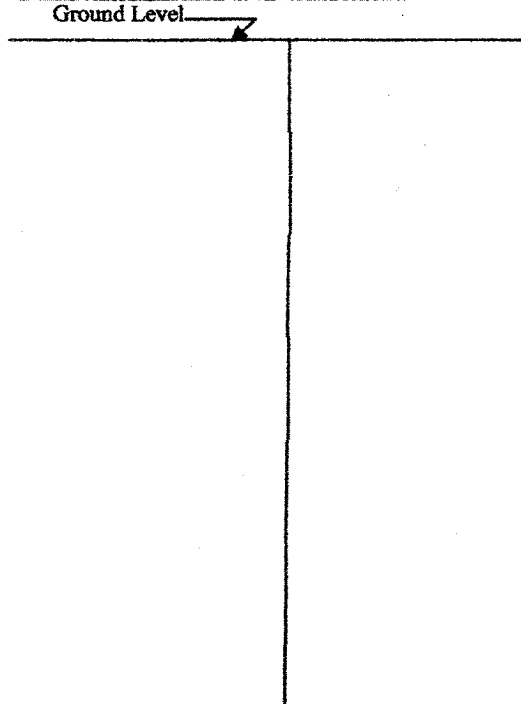
JUL 20 2009

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

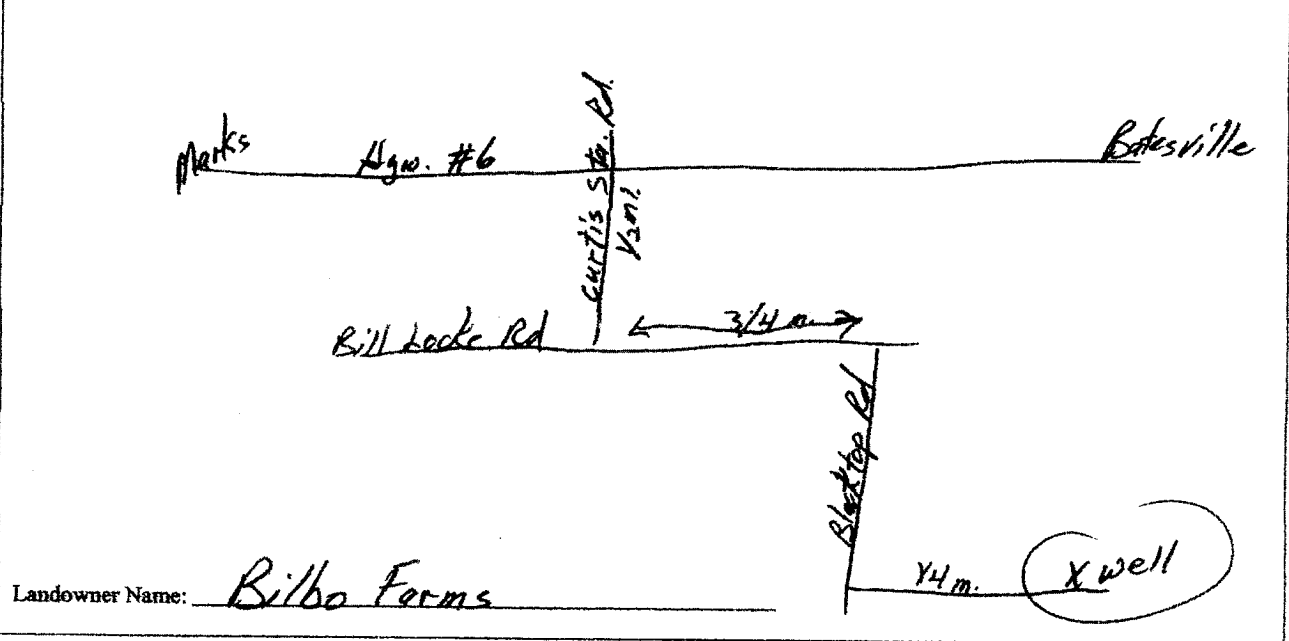
BY: OLWR



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20'
FINE SAND Sand	20'	45'
Coarse Sand + Gravel	45'	100'

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.



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.

Pete Sappington 0430 7-9-09
 Print Name of Responsible Licensee and License No. Date

Pete Sappington
 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)

For Office Use Only
Aquifer:
Well #: P48
Elevation:

BY: OLWR

County: PANOLA
Permit #:
Driller: PETE SAPPINGTON
Date completed: 6-12-09
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: Owner Name: BILBO FARMS, Mailing Address: 351 BILL LOCKE RD, MARKS, MS 38646, Telephone No. (662) 326-2150
Well Location: Latitude: 34° 16' 39.3", Longitude: 90° 08' 18.11", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, S10 1/4 NW 1/4 Sec 27 T9S R1E9W

Pump Type: Turbine, Diesel Engine, Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):, Horse Power Rating of Motor: 100, Setting Depth: 70 feet, Number of Stages: 2

Pump Test Data: Date Well Tested: Static Water Level (A): 20 Feet Below Land Surface, Pumping Water Level (B):, Drawdown [(B)-(A)]:, Test Pumping Rate:, Duration of Pump Test (minimum 4 hours):, Method of Measuring Water Level: Steel Tape, For flowing well, measured shut in head:, 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. David P. Holt 0-752P, Signature of Pump Installer

Form: OLWR-SWR-1B

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