## m A Gree " 1 (PANTHER BURN) **State Well Report** Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date drilling completed: 2.28.08

For Office Use Only:	
Aquifer:	
Well #: A- 149	
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the driller in detail and filed with the Department within

(601)961-5210 (601)354-6938 (fax)

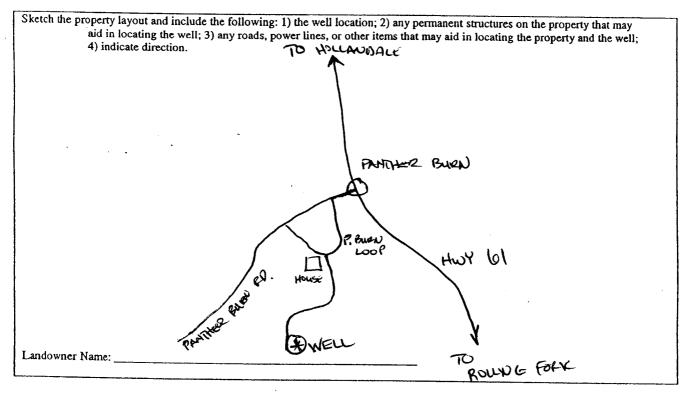
30 days of completion of drilling of the well.			
Well Owner Information	Well Location		
Owner Namanther Buen Plantation	Latitude: 33 .03 .26 " Longitude 90.52 .73 "		
Mailing Address: 40 AGRIWORLD, INC.	Method of Lat/Long (circle one): Conventional Survey,		
1427 S.Main, Suite 183	USGS quad Hand-held GPS, Survey-grade GPS		
, , , , , , , , , , , , , , , , , , ,	SW 45E 4 Sec 13 Twn 14N Rng TW		
City State Zip Code			
Telephone No.901 ) 351-3640	Distance Direction Nearest Town  12 Miles 5 of PANTHEX BUEN		
Well I	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: $\frac{228-08}{}$ Date			
Date well drilling started: 23 03 Date	well drilling completed:		
If flowing, 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:			
Hole depth: 131 Well depth: 130 Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC			
Screen length: 40 feet Screen diameter: 16 inches Type of screen: Pyc			
Screen slot size: 050 inches Setting depth: From 80-90 feet to 180 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.			
JOHN NEWWIE 0-773	John De Cre		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

If well telescopes please sketch below and show depths.

Ground Level	
•	CASING
Scieen 7	80'
Screen	CASING 100
	130

Description of Formations Encountered	From	To
//02 50:1	0	0
Mir CIAY - Fine Sand	10	3P
Fine Sand	38	50
Med. Consc Sand	80	90
Fine Sand	90	100
Coarse Sand	100	134
	-	<b> </b>
	1	
L		<u> </u>

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



Signature of Water Well Contractor

## STATE WELL REPORT

Date completed 228-08

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 #: A- 149		
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.	and med with the Department within 50 days of the		
Well Owner Information	Well Location		
Owner Name: TANTHER BULN PLANTING	Watitud 3303-24 Longitud 090-52-23		
Mailing Address: C/o AGR: WORLE, THE.	Method of Lat/Long (circle one): Conventional Survey,		
1427 S. Main Swirels			
City State Zip Code	Sw 1/2 Sec 13 Twn 14N Rng 7W		
	Distance Direction Nearest Town		
Telephone No. 908-351-3640	1/2 Miles S OF ANTHER BURN		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 3-2-08	Setting Depth:feet		
Rated Pump Capacity: <b>3000</b> Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumpin Water Level (Br. Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		