

JUL-02-2008 08:42 From: MID SOUTH WATER 6628431717 To: 601 360 0535 P.2/4

County Sharkey
 Permit # GW 42626
 Driller Ronnie Dill
 Date drilling completed: 6-24-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer _____
 Well # B-105
 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>Sycos Farms</u>	Latitude: <u>N33° 03' 07.7"</u> Longitude: <u>W90° 44' 20.8"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey <u>21</u>
<u>Delta City</u> MS <u>39061</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec <u>17</u> Twn <u>14N</u> Rng <u>5W</u>
Telephone No. <u>(662) 907-1389</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 6-24-08 Date drilling completed: 6-24-08 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch @ site
 Method of dosing 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: 25 feet above or below (circle one) land surface Date measured: 6-25-08

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

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

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of tap pipe or reduction in casing: A/A feet. *If telescoped or more than one screen, describe on next page*

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

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BY: J. W. H.

JUL-02-2008 08:42 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.3/4

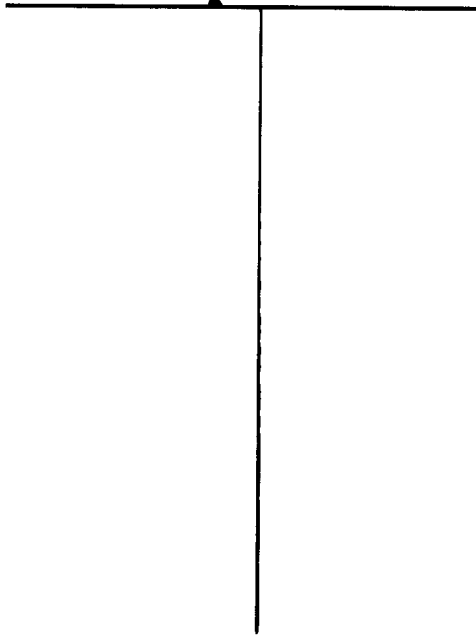
GW H2626

B-105

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

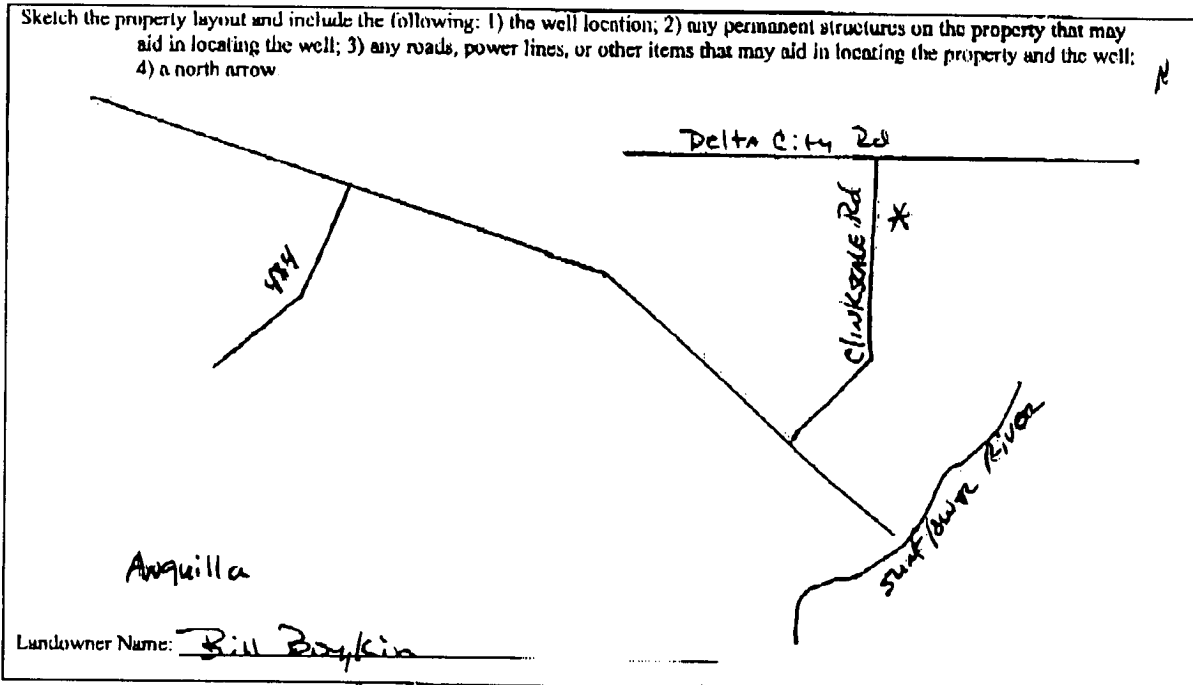


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	13
Clay & Fine Sand	15	25
Fine & Medium Sand	25	35
Medium Sand	35	45
Medium Sand	45	55
Coarse Sand	55	65
Coarse Sand & Gravel	65	75
Coarse Sand & Gravel	75	85
Coarse Sand & Gravel	85	95
Coarse Sand & Gravel	95	105
Coarse Sand & Gravel	105	115
Coarse Sand & Gravel	115	120

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.

Clayton Miller 0-703 7-2-08

Clayton Miller RECEIVED

Print Name of Responsible Licensee and License No.

Date

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County Shoals
 Permit # 6W42626
 Driller Fredrick Mitchell
 Date completed 6-25-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer _____
 Well # B-105
 Elevation _____

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>Sycso Farms</u>	Latitude: <u>N33° 03' 07.7"</u> Longitude: <u>W90° 44' 20.0"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Delta City MS 39061</u>	USGS qund _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 907-1389</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ <u>Turbine</u>	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-25-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ 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 _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured static in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

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