

County: SHARKEY
Permit #: _____
Driller: CHICOT IRRIGATION
Date drilling completed: 7-18-05

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)

Aquifer: _____
Well #: D-36
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>RKB FARMS</u>	Latitude: <u>33° 00' 33.4"</u> Longitude: <u>090° 41' 04.8"</u>
Mailing Address: <u>1438 SANDY BAYOU</u> <u>ROLLING FORK, MS 39159</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW 1/4 SE 1/4 Sec. <u>5</u> Twn <u>13N</u> Rng <u>5W</u>
Telephone No: <u>662-873-1539</u>	Distance: <u>8</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>ANDREWILLA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-18-05 Date well drilling completed: 7-18-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 7-18-05

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 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): _____

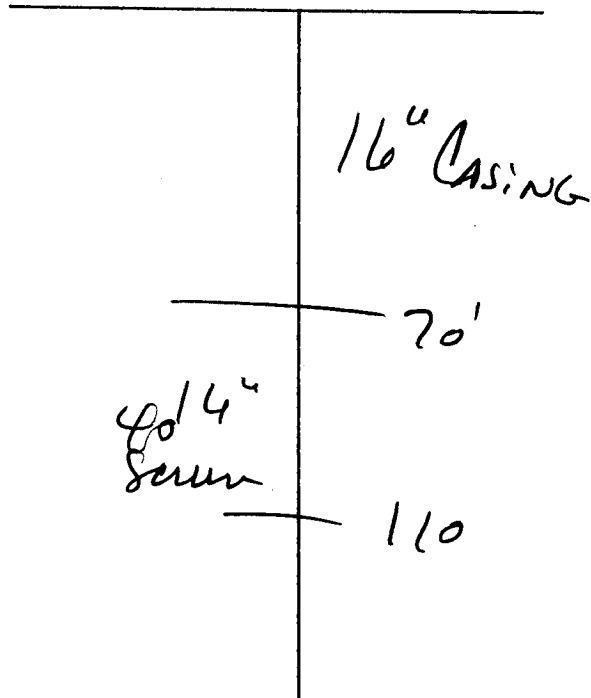
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James McDonald #332 James McDonald
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

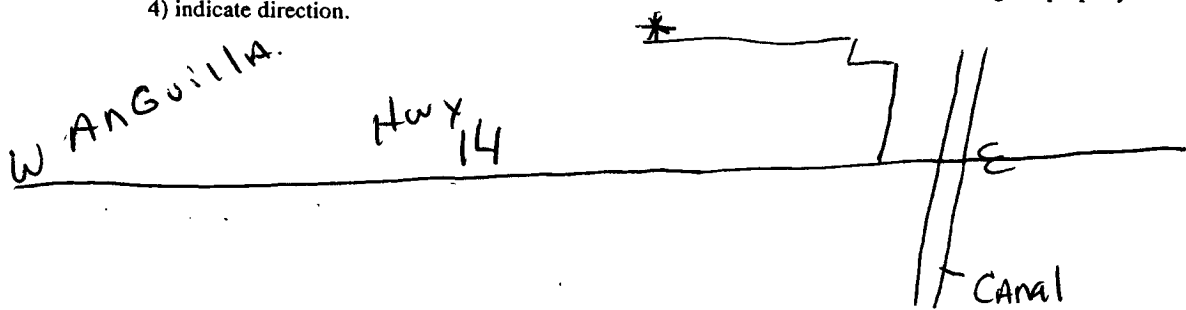
Ground Level



Description of Formations Encountered	From	To
TOT Soil	0	10
Mix CLAY	10	40
FINE SAND	40	70
COARSE SAND	70	110
GRAVEL	110	113

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) indicate direction.



Landowner Name: RKB Farms

James McDonald
Signature of Water Well Contractor

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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 #: D-36
Elevation:

County: STARKLEY
Permit #:
Driller: CHICOT IRRIGATION
Date completed: 7-17-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information: RK B Farms, 1438 SANDY BAYOU, ROLLING FORK, MS. 39159
Well Location: Latitude: 33-00-334 Longitude: 090-41-048
Method of Lat/Long: Conventional Survey, Hand-held GPS
USGS quad: Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4 Sec 5 Twn 13N Rng 5W
Distance 8 Miles EAST of ANQUILA

Pump Type: Turbine
Power Type: Diesel Engine
Horse Power Rating of Motor: 600
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data:
Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line, Electric Measuring Line, Steel Tape

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
James McDonald #332
Signature of Pump Installer

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BY: OLWR