

JUN-30-2006 07:41 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

474

**FAXED**  
6-29-06

County: Sharkey  
 Permit #: 6041173  
 Driller: Shane Partridge  
 Date drilling completed: 6/18/06

**State Well Report  
Part 1 - Driller's Log**

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 #: F-33  
 I. 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>Craig Boykin Farms</u>	Latitude: <u>32° 54' 29.3"</u> Longitude: <u>090° 46' 52.4"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (circle one): <u>29</u> Conventional Survey <u>52</u>
<u>Rolling Fork MS 39159</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>(662) 873-4657</u>	<u>NE, NE</u> Sec <u>11</u> Twn <u>12N</u> Rng <u>6W</u>
	Distance <u>3</u> Miles Direction <u>E</u> of <u>Rolling Fork</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>6/18/06</u> Date drilling completed: <u>6/18/06</u> Hole depth: <u>116'</u> Hole diameter: <u>22"</u>	
Location of the source of any surface water used for drilling: <u>WELL 1/4 MI. SW ACORNA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>10.4A. CSE</u>	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>27'</u> feet above or below (circle one) land surface Date measured: <u>6-18-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>112'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>72</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>72</u> feet to <u>112</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form. OLWR-SWR-1A

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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 11631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_

Well # F-33

Elevation: \_\_\_\_\_

County: Sharkey  
Permit # 6041173  
Driller Shane Partridge  
Date completed 6/18/06

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	Well Location
Owner Name: <u>Craig Boykin Farms</u>	Latitude: <u>30° 54' 29.3</u> Longitude: <u>090° 46' 52.4</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork MS 39159</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	____ 1/4 Sec <u>11</u> T <u>12R 6W</u>
Telephone No. <u>(662) 873-6657</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify) _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>6-18-06</u>	Setting Depth: <u>83</u> feet
Rated Pump Capacity: <u>2500</u> 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 Electric Measuring Line Steel Tape
Static Water Level (A): <u>2'</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> 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.

Thomas B. Christman 0-703 Thomas B. Christman  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR