

NOV-15-2006 08:33 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

545

County: Sharkey
 Permit #: 60141394
 Driller: Shane Partridge
 Date drilling completed: 10-18-06

State Well Report
Part I - 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-35
 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>Craig Boykin FARMS</u>	Latitude: <u>N32° 55' 06.4"</u> Longitude: <u>W90° 45' 57.8"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rolling Fork MS 39159</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 907-7183</u>	<u>SW 1/4 NE 1/4 Sec 1</u> Twn <u>12N</u> Rng <u>6W</u>
	Distance Direction Nearest Town <u>6</u> Miles <u>SE</u> of <u>Anguilla</u>

Well / Borehole Data

Date drilling started: 10-18-06 Date drilling completed: 10-18-06 Hole depth: 118' Hole diameter: 22"

Location of the source of any surface water used for drilling: EXISTING WELL

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) N/A

Static Water Level: 19'-6" feet above or below (circle one) land surface Date measured: 11/14/06

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

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 118 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

Form: OLWR-SWR-1A

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P.3/4

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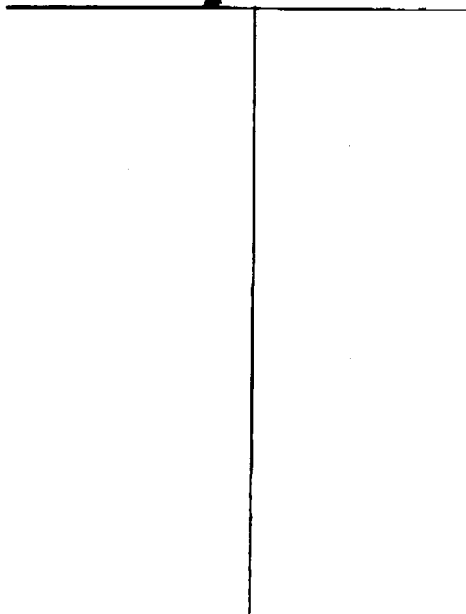
F-35

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

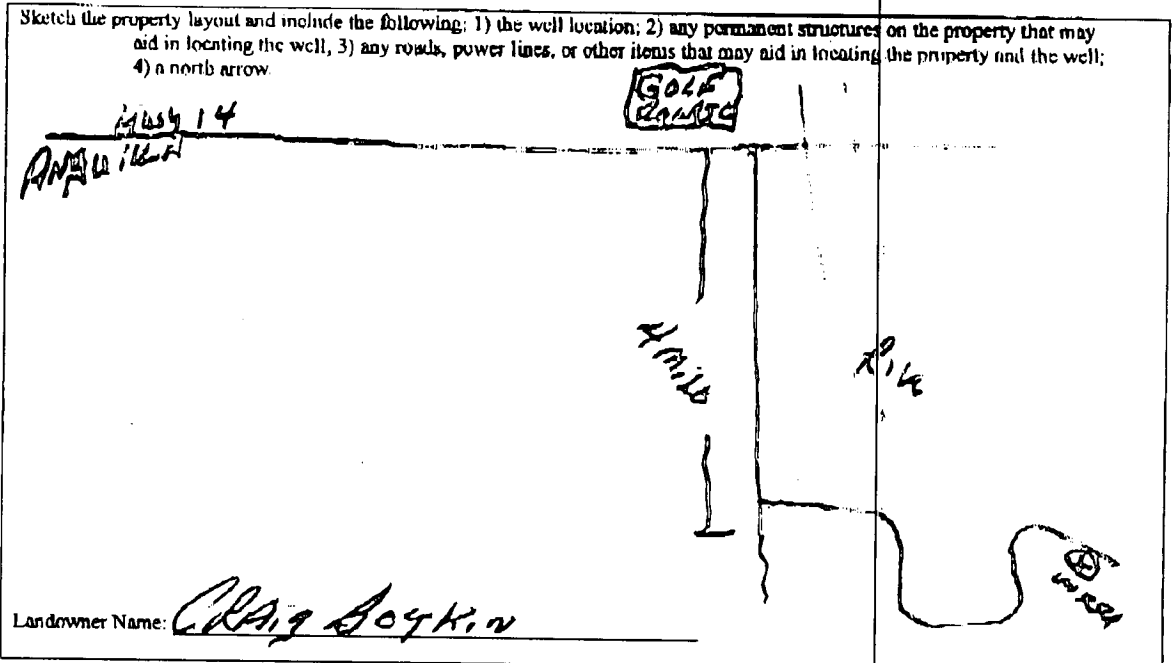
If well telescopes, show depths on sketch

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	14
Clay	14	24
Clay	24	34
Clay	34	44
Fine Sand	44	54
Coarse Sand & Gravel	54	64
Coarse Sand & Gravel	64	70
Fine Sand	70	74
Coarse Sand & Gravel	74	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Coarse Sand & Gravel	104	114
Coarse Sand & Gravel	114	117
Fine Sand	117	117

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



Form: OLWR-SWR-1A

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.

Thomas G. Christman 0-703

11/15/06

Thomas G. Christman

Signature of Licensee

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NOV-15-2006 08:33 From: MID SOUTH WATER

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P.4/4

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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)

County Shackey
 Permit # 66241394
 Driller Scott Hood
 Date completed 11/14/06
 Core Information from block on Part 1

For Office Use Only:
 Aquifer _____
 Well # F-35
 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>Craig Boykin Farms</u>	Latitude: <u>N32°55'06.4"</u> Longitude: <u>W090°45'53.8"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (check one) Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Rolling Fork MS 39159</u> City State Zip Code	1/4 1/4 Sec <u>1 T12N R6W</u>
Telephone No. <u>(662) 907-7183</u>	Distance Direction Nearest Town <u>6 Miles SE of Anguille</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diezel Engine</u> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Hucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>11-14-06</u>	Setting Depth: <u>70</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 <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>19.6"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ 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.
Thomas G. Christman 0-203 Thomas G. Christman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-18
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