

#666

County Sharkey  
 Permit # GW 41987  
 Driller Eric Galbreath  
 Date drilling completed: 6-15-07

**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-36  
 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>Delta City Planting Co.</u>	Latitude: <u>N 32° 53' 50.4"</u> Longitude: <u>W 90° 42' 24.2"</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 grade: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 902-7183</u>	<u>SE 1/4 SW 1/4 Sec 11 Twn 12 N Rng 6 W</u>
	Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Anguille</u>

**Well / Borehole Data**

Date drilling started: 6-15-07 Date drilling completed: 6-15-07 Hole depth: 124' Hole diameter: 20"

Location of the source of any surface water used for drilling: Irrigation canal  
 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: 24 feet above or below (circle one) land surface Date measured: 6-15-07

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

Well depth: 124 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 74 feet to 124 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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The sketch below only required for water wells

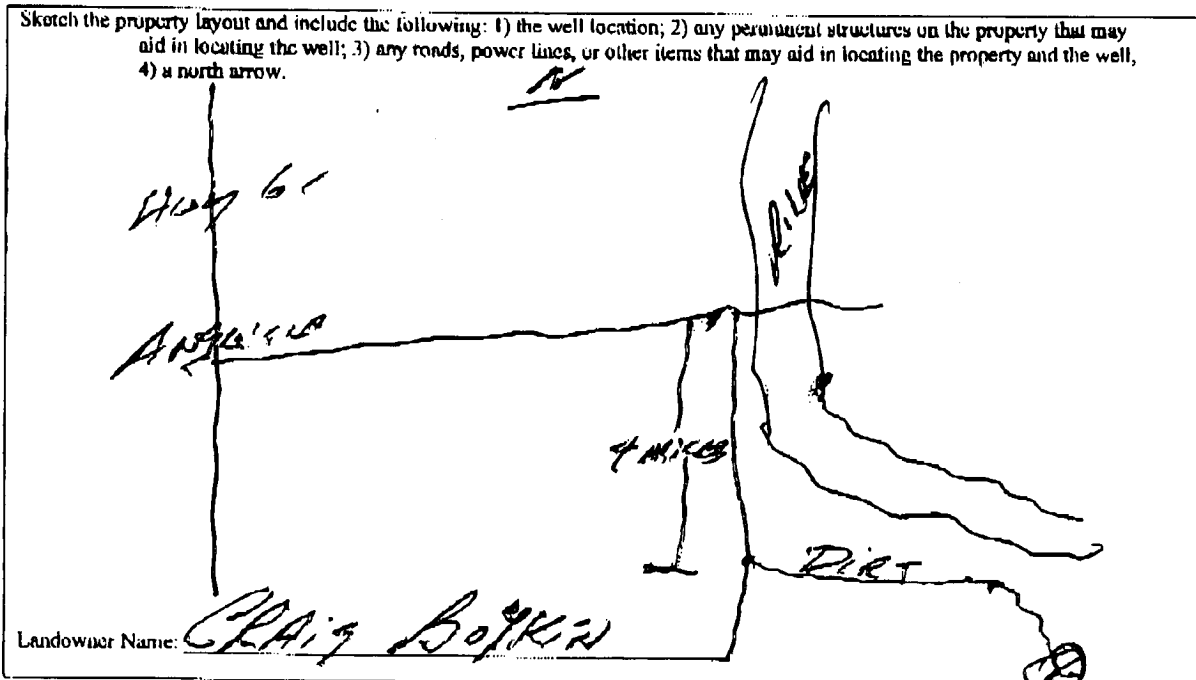
Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

Ground Level 26641987

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	14
Clay	14	24
Clay	24	32
Fine Sand	32	34
Clay & Fine Sand	34	39
Medium Sand	39	44
Medium Sand	44	54
Medium Sand	54	64
Coarse Sand	64	74
Coarse Sand & Gravel	74	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	104
Fine Sand	104	110
Fine Sand & Gravel	110	114
Coarse Sand & Gravel	114	124

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 6/27/07

Thomas G. Christman

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County Sharkey  
 Permit # 61241987  
 Driller \_\_\_\_\_  
 Date completed \_\_\_\_\_  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer \_\_\_\_\_  
 Well #: F-36  
 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>Delta City Planting Co</u>	Latitude: <u>N32°53'50.4"</u> Longitude: <u>W90°47'24.2"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork MS</u> <u>39159</u> City                      State                      Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(612) 907-7183</u>	<u>SE 1/4 SW 1/4 Sec 11 T12R6W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>S/E</u> of <u>Anguilla</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<input checked="" type="checkbox"/> Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="checkbox"/> Turbine	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>6-15-07</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>N/D TESTED</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>24</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
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 0-703                      Thomas G. 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