

5W 16301

County: Simpson
 Permit #: 5W 16301
 Driller: WATLIF Well
 Date drilling completed: 5-20-06

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 #: G42
 L. S. Elevation: _____
 F-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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Dan Crompton</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>P.O. Box 2020</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale MS 38614</u> City State Zip Code	<u>1/4 1/4 Sec 33 Twn 1N Rng 2E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles E of Georgetown</u>

Well / Borehole Data

Date drilling started: 4-18-06 Date drilling completed: 5-20-06 Hole depth: 810' Hole diameter: 17 7/8"

Location of the source of any surface water used for drilling: Georgetown water

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: 35 feet above or below (circle one) land surface Date measured: 5/20/06

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

Well depth: 410' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite M/x

Casing length: 370 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 10 inches Type of screen: 5 steel

Screen slot size: 10 inches Setting depth: From 370 feet to 410 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

Oasis Sod Farms, Inc
 is the Applicant
 Patricia Steen is the
 landowner on our permit

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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: Simpson
 Permit #: SW 16301
 Driller: Bob Rathiff Water well
 Date completed: 5-26-06
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 542
 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>Don Crompton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. box 2020</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale MS 38614</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> _____ <u>1/4</u> Sec <u>33</u> T <u>1N</u> R <u>2E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Georgetown</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 hp</u>
Date Pump Installed: <u>5-24-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-25-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>400</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Rathiff 0-746P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

Grass Farm

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