

County: Sunflower
 Permit #: 20043100
 Driller: Irrigation Equipment
 Date drilling completed: 6-3-09

State Well Report

Part 1

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 #: F155
 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>Kraegcraft Inc.</u>	Latitude: <u>33° 48' 00"</u> Longitude: <u>90° 32' 40"</u>
Mailing Address: <u>1196 Poplar View Lane S, suite 1</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Collierville Tn. 38017</u>	NW <input checked="" type="checkbox"/> SE <input checked="" type="checkbox"/> Sec <u>6</u> Twn <u>22N</u> Rng <u>3W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of Nearest Town <u>Drew</u>
Telephone No. <u>901-850-5303</u>	

Well Data

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

Date well drilling started: 6-3-09 Date well drilling completed: 6-3-09

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

Static Water Level: 46 feet above of below (circle one) land surface Date measured: 6-8-09

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 71 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.

Irrigation Equipment Inc.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____

John P. Chism
 Signature of Water Well Contractor

RECEIVED
 JUN 17 2009
 BY OLIVE

Kraegcroft Inc.

To Merigold
To Cleveland
To Cleveland
To Boyke

T 23 N

T 22 N

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BOLIVAR COUNTY

BOLIVAR COUNTY

