

#1697

County: Sunflower
 Permit #: _____
 Driller: Mike Wells
 Date drilling completed: 08-07-07

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 #: H-126
 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>Adair Plantation</u>	Latitude: <u>N33° 38' 50.5"</u> Longitude: <u>W90° 28' 28.2"</u>
Mailing Address: <u>c/o Lubin Farm Partnership</u>	Method of Lat/Long (circle one): <u>50</u> Conventional Survey <u>28</u>
<u>2036 Hwy 442-E</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Doddsville MS 38736</u>	NW 1/4 NE 1/4 Sec <u>35</u> Twp <u>21N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 719-0132</u>	<u>2.2</u> Miles <u>S</u> of <u>Doddsville, MS</u>

Well / Borehole Data

Date drilling started: 08-07-07 Date drilling completed: 08-07-07 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: OLD ROAD

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/Cientological 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: 54 feet above or below (circle one) land surface Date measured: 8-08-07

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

Well depth: 120' 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: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 foot to 120 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*

Replacement Well

Form: OLWR-SWR-1A

Part 2

RECEIVED

AUG 22 2007

BY: OLWR

AUG-22-2007 08:05 From: MID SOUTH WATER

6628431717

To: 601 360 0535

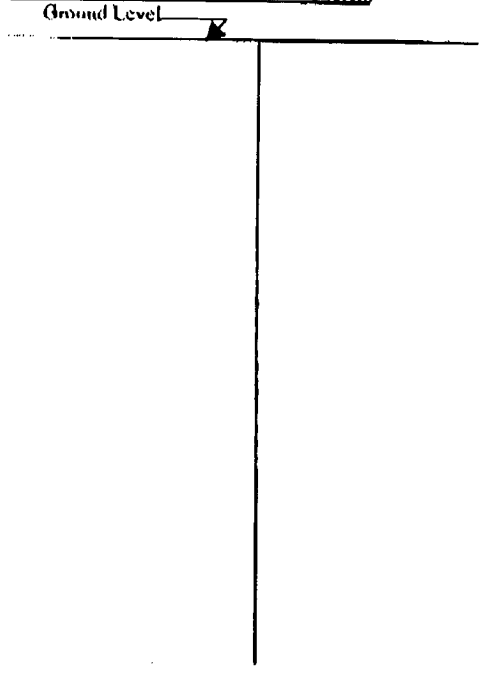
P. 3/3

H-176

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

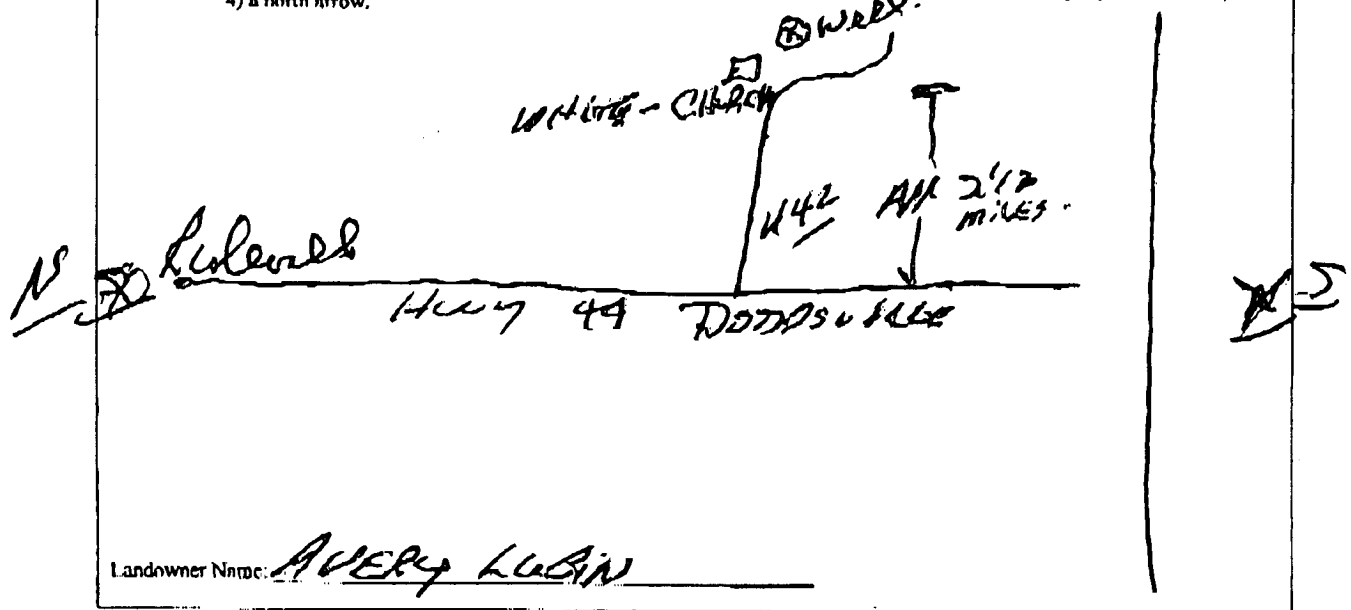
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	26
Coarse Sand & Gravel	26	52
Coarse Sand	52	62
Coarse Sand & Gravel	62	72
Medium Course Sand	72	74
Coarse Sand & Gravel	74	119
Clay	119	120

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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. Chestman 0-703 8/24/07 *Thomas G. Chestman*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED

AUG 22 2007

BY: OLWR

RECEIVED

NOV 19 1954

LIBRARY