

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

County: Sunflower
 Permit # GW43531
 Driller: Mike Wells
 Date drilling completed: 9-10-09

For Office Use Only:
 Aquifer: _____
 Well #: R233
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>TRANS Fisheries</u> Mailing Address: <u>P.O. Box 88</u> <u>Moorhead MS 38761</u> City State Zip Code Telephone No. <u>(662) 246-5171</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N 33° 27' 12.00"</u> Longitude: <u>W 90° 33' 02.40"</u> Method of Lat/Long (circle one): Conventional Survey (ISGS quad, Hand-held GPS, Survey-grade GPS) <u>NE 1/4 SW 1/4 Sec 6 Twn 18N Rng 3W</u> Distance Direction Nearest Town Miles <u>EAST</u> of <u>Moorhead</u></p>
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Well / Borehole Data

Date drilling started: 9-10-09 Date drilling completed: 9-10-09 Hole depth: 140' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by pond
 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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 140' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .50 inches Setting depth: From 100 feet to 140 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 (04/08)

Replacement well. Well Only.

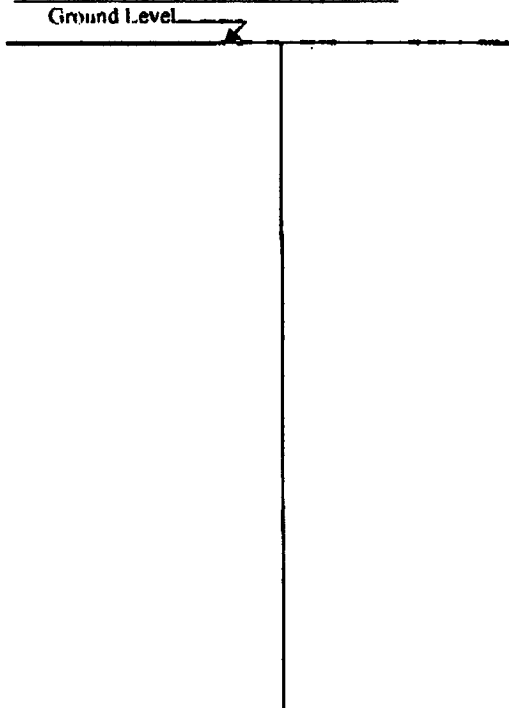
R 233

GW 43531

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	15
Clay & Fine Sand	15	47
Medium Sand & Clay	47	55
Coarse Sand & Clay	55	58
Medium & Fine Sand	58	60
Medium Sand & Pea Gravel	60	65
Coarse & Fine Sand	65	67
Medium & Fine Sand	67	70
Medium Sand	70	75
Medium Sand & Pea Gravel	75	77
Coarse Sand & Pea Gravel	77	85
Medium Sand	85	96
Fine Sand	96	97
Medium & Coarse Pea Gravel	97	105
Coarse Sand & Gravel	105	140

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.

Landowner Name: Paul Smith

Form: OLWR-SWR-1A (04/08)

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.

Clayton Miller 0-703 9-11-02 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee