

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: 34
 Well #: Q-143
 L.S. Elevation: _____
 E-log #: _____

County: Tallahatchie
 Permit #: 60042036
 Driller: Eric Galbreath
 Date drilling completed: 6-18-07

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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>VIRA RICE FARM, INC.</u> Mailing Address: <u>P.O. Box 149</u> <u>Charleston MS 38921</u> City State Zip Code Telephone No. <u>(662) 647-4200</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 53' 53.4"</u> Longitude: <u>W90° 05' 36.3"</u> Method of Lat/Long (circle one): <u>SS</u> Conventional Survey <u>36</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 4</u> Twp <u>23N</u> Rng <u>2E</u> Distance <u>4</u> Miles <u>SW</u> of <u>DAYNES</u></p>
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Well / Borehole Data

Date drilling started: 6-18-07 Date drilling completed: 6-18-07 Hole depth: 106' Hole diameter: 26'

Location of the source of any surface water used for drilling: CANAL
 Method of dosing and volume of Chlorine used in drilling and development: 5 LBS CHLORINE

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: 20 feet above or below (circle one) land surface Date measured: 6-22-07

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

Well depth: 106' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 66 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 66 feet to 106 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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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)

For Office Use Only:

Aquifer: 34
Well #: Q-143
Elevation: _____

County Tallahatchie
Permit # 66042036
Driller: Scott Hood
Date completed 6-22-07
Copy information from block on Part 1

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>VIRA RICE FARM, INC.</u>	Latitude: <u>N33° 53' 55.4"</u> Longitude: <u>W090° 05' 36.3"</u>
Mailing Address: <u>P.O. Box 149</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Charleston MS 38921</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 Sec 4 T23N R2E</u>
Telephone No. <u>(662) 647-4200</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>S-W</u> of <u>Jayman</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>70</u>
Date Pump Installed: <u>6-22-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>20</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: <u>N/A</u> feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> 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
Print Name of Pump Installer and License No. (if applicable) Thomas G. Christman
Signature of Pump Installer

Form: OLWR-SWR-18

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