

State Well Report

Part I

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 #: B-66
L. S. Elevation:
E-log #:

County: Tunica
Permit #: EW 40982
Driller: Delta Drilling of Tunica
Date drilling completed: 4-19-06

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: BERRY Farms, 8400 Whitehall Rd, Robinsonville MS 38664, Telephone No. 662-363-6204
Well Location: Latitude: N 34° 46' 31.7" W 090° 14' 21.2", Method of Lat/Long: Conventional Survey, 12, SW 1/4 SW 1/4 Sec 35, Twn 3S, Rng 10 W, Distance 5 Miles N of PRICHARD MS

Well Data: Purpose of Well: Irrigation, Date well drilling started: 4-19-06, Date well drilling completed: 4-19-06, Static Water Level: 15 ft above land surface, Date measured: 5-3-06, Method of Measurement: steel tape, Hole depth: 100 ft, Well depth: 60 ft, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 60 feet, Casing diameter: 12 inches, Type of casing: PVC, Screen length: 40 feet, Screen diameter: 12 inches, Type of screen: PVC, Screen slot size: #32 inches, Setting depth: From 60 feet to 100 feet, Type of completion: Gravel packed

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.

ALAN PYLE 0674
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

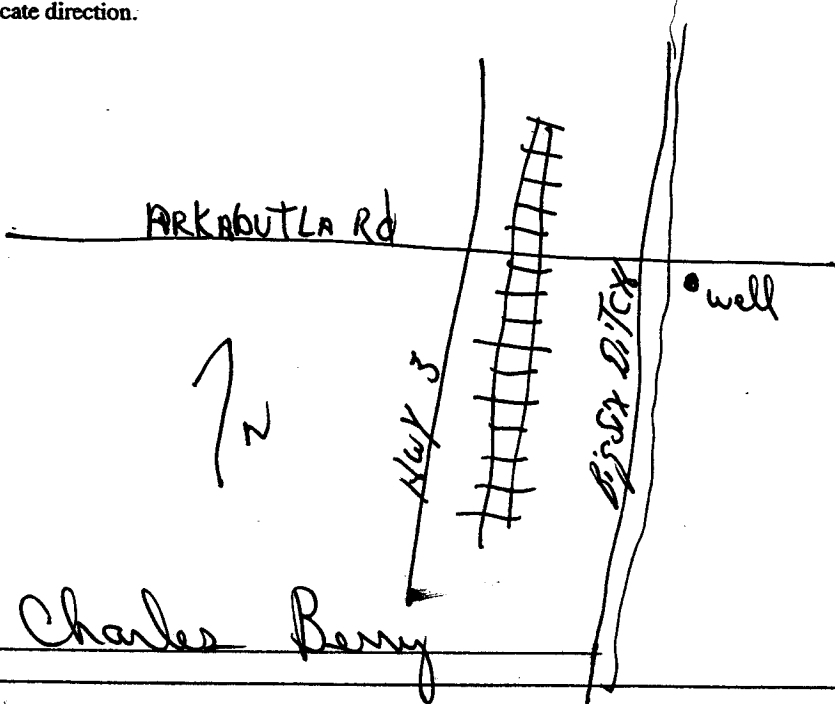
Ground Level *Q6040982*

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| Description of Formations Encountered | From | To |
|---------------------------------------|-----------|------------|
| <i>Clay</i> | <i>0</i> | <i>48</i> |
| <i>fine sand</i> | <i>48</i> | <i>55</i> |
| <i>Coarse sand + Gravel</i> | <i>55</i> | <i>100</i> |
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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) indicate direction.



Landowner Name: *Charles Berry*

Alan Dyle
Signature of Water Well Contractor

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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: Tunica
 Permit #: 6W40982
 Driller: Delta Drilling Tunica
 Date completed: 5-3-06

For Office Use Only:

Aquifer: _____
 Well #: B-66
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>BERRY FARMS</u> | Latitude: <u>34-46-317</u> Longitude: <u>090-14-212</u> |
| Mailing Address: <u>8400</u> <u>ARKABUTLA RD</u> <u>ROBINSONVILLE MS 38666</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. <u>(662) 363-6204</u> | SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>35</u> Twn <u>38</u> Rng <u>10W</u> |
| | Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>PRIORARD</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): <u>5-3-06</u> | Horse Power Rating of Motor: <u>15</u> |
| Date Pump Installed: <u>5-3-06</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>950</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ 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.

ALAN PYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR